

PREA Facility Audit Report: Final

Name of Facility: Poplar Bluff Community Supervision Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/25/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Kendra Prisk

Date of Signature: 06/25/2025

AUDITOR INFORMATION

Auditor name: Prisk, Kendra

Email: 2kconsultingllc@gmail.com

Start Date of On-Site Audit: 05/29/2025

End Date of On-Site Audit: 05/29/2025

FACILITY INFORMATION

Facility name: Poplar Bluff Community Supervision Center

Facility physical address: 1441 Black River Industrial Park Drive, Poplar Bluff, Missouri - 63901

Facility mailing address:

Primary Contact

Name:	Jo Riggs
Email Address:	jo.riggs@doc.mo.gov
Telephone Number:	5737785040

Facility Director	
Name:	James Berry
Email Address:	James.Berry@doc.mo.gov
Telephone Number:	573-300-9414

Facility PREA Compliance Manager	
Name:	Joanna Riggs
Email Address:	jo.riggs@doc.mo.gov
Telephone Number:	573-840-9555

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	37
Average daily population for the past 12 months:	30
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18+
Facility security levels/resident custody levels:	Moderate Risk +
Number of staff currently employed at the facility who may have contact with residents:	59
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information

Name:	Darren Snellen	Email Address:	darren.snellen@doc.mo.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-29
2. End date of the onsite portion of the audit:	2025-05-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and Haven House

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	45
15. Average daily population for the past 12 months:	30
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	35
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	59
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor ensured a geographically diverse sample among interviewees. The facility had one open bay housing unit and residents were selected from all areas of the housing unit.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All ten residents interviewed were male. One was black and nine were white. All ten residents were at the facility less than a year. One resident was 18-25 years of age, two were 26-35, four were 36-45, two were 46-55 years of age and one was over 56 years of age.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and spoke with facility staff and residents.
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and spoke with facility staff and residents.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and spoke with facility staff and residents.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and spoke with facility staff and residents.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed risk screening documents and spoke with facility staff and residents.
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed the investigation log.

48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	PREA Standard 115.281 does not exist and as such this targeted category does not apply.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	PREA Standards 115.243 and 115.268 do not exist and as such this targeted category does not apply.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	11
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Race, gender and ethnicity
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No

53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed all available staff. The facility had numerous calls ins and staff that were working different shifts because they were short staffed. No other PPAs to interview. Five staff were interviewed from the 7am-3pm shift, three were interviewed from the 3pm-11pm shift and three were interviewed from the 11pm-3pm shift. With regard to the demographics of the random staff interviewed, eight were male and three were female. One staff was black and ten were white. Seven of the staff interviewed were PPA1, two were PPA2, one was PPA3 and one was a Probation Officer.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14

56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site portion of the audit was conducted on May 29, 2025. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documentation to review. The auditor conducted a tour of the facility on May 29, 2025. The tour included all areas associated with the facility to include: the housing unit, warehouse, intake, visitation/front lobby, education, maintenance, food service, recreation, boiler and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The building had numerous PREA Posters in English and Spanish on letter size paper. The Third Party Poster was also observed on letter size paper in English. The auditor did not observe any information posted related to the external reporting mechanism with the ability to remain anonymous (Department of Public Safety Poster). The auditor viewed the PREA Advocacy Poster on letter size paper in English and Spanish. Additionally, the facility had information on Haven House (phone number and mailing address), the local rape crisis center, posted on letter size paper in English and Spanish. While the PREA Advocacy Poster and Haven House Poster were observed, they were only posted on one bulletin board within the facility. Additionally, the phone number on the Haven House Poster was incorrect. During the on-site portion of the audit and immediately following the on-site portion of the audit, the facility updated the Haven House Poster and the Department of Public Safety (DPS) Poster. The facility also added the updated DPS information and the information from the Haven House and PREA

Advocacy Poster to the Resident Rulebook. The facility provided a copy of the updated Resident Rulebook as well as photos of the updated DPS Poster, the updated Haven House Poster and the PREA Advocacy Poster in numerous locations around the facility.

Third party reporting information was observed in the lobby/visitation area via the Third Party Poster. The Third Party Poster was on letter size paper in English and Spanish.

During the tour the auditor confirmed the facility follows a staffing plan. There were at least three staff for the building and staff were required to conduct rounds throughout specific zones. The auditor confirmed that the staffing was adequate to protect residents from sexual abuse as over half of the residents are off-site at work during the day. The auditor did not observe overcrowding and noted lines of sight were adequate with rounds and video monitoring technology.

During the tour the auditor observed cameras in the housing unit and common areas. Cameras were monitored by staff in the control room and supplemented staffing. Cameras can also be remotely viewed by administrative level staff.

With regard to cross gender viewing, the auditor did not identify any issues. The shower was a group shower, but had saloon style doors as well as a curtain for the ADA shower. Restrooms were public style with doors. The auditor observed that all strip searches are done in a bathroom at the front of the facility that is equipped with a solid door. A review of video monitoring technology confirmed there were no cross gender viewing issues. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement prior to entry into the housing unit. Additionally, the facility had a sign that was turned when a female staff member was in the unit to allow for any

residents outside the unit to be aware prior to them entering.

The facility does not maintain medical and mental health files. Resident risk assessments are electronic and paper. Paper risk assessments are maintained in the residents record in the control room. All staff have access to these files due to the limited number of staff and staff serving many roles, including conducting risk assessments. Electronic risk assessments access is limited, however all facility staff have access as they serve multiple roles and all complete risk assessments. Investigative files are electronic and are maintained in the Investigative Reporting Intelligence System (IRIS), which has limited access.

During the tour the auditor observed the resident mail process. Residents provide sealed outgoing mail to staff. Staff do not open or monitor outgoing mail. Additionally, residents can take any mail to a post office when off-site. Incoming mail is received by facility staff. Residents open the mail in front of staff so they can verify it does not contain anything unauthorized. Additionally, residents can have mail sent to an outside address and can obtain the mail when off-site.

The auditor observed the intake/education process through a demonstration. Residents are provided a Rulebook prior to arrival at the facility. If the resident needs another Rulebook, they are provided one upon intake. Residents then view the PREA Resource Center's Adult Comprehensive Education video in the intake office, one-on-one. The video is displayed on a 42 inch screen. The auditor observed that the audio was adequate. The video is available in English, Spanish and American Sign Language.

The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in the intake area,

one-on-one. Staff complete the initial risk screening on paper and then the responses are entered into the electronic system. Staff ask all questions on the paper form. The paper files are then placed in the residents folder in the control room. The initial risk assessment is based on self-disclosure information only. The risk reassessment is completed by the IPA in a private office setting. The reassessment is similar to the initial risk assessment. Prior to meeting with the resident, the staff review the resident's file, including criminal history. The staff then ask the resident the questions on the risk screening form. The staff noted that if the file is different from the responses provided, she inquires with the resident about their response related to the information in the file.

The auditor tested the internal reporting mechanism during the tour. Residents have phones outside of the housing unit, which are free and not monitored or recorded. Additionally, residents can utilize their personal cell phones when off-site. The auditor called the PREA hotline on May 29, 2025 from the resident phone and left a message. The auditor was able to call the number without any additional information (such as a pin). The auditor was provided confirmation on the same date that the call was received.

The auditor also tested the external reporting mechanism via a letter to DPS. The auditor sent a letter to DPS from Southeast Correctional Center. Because the process is the same across all agency facilities, the auditor did not complete another test. The auditor obtained an envelope and sent a letter to DPS on May 27, 2025. The auditor observed the mailing address on the numerous PREA Posters. Residents are able to remain anonymous as the letter does not require a return address. Additionally, it does not require postage. The DPS is utilized for

numerous services and as such they are not just an organization to report sexual abuse. The auditor received confirmation on June 10, 2025 that the letter was received by the Department of Public Safety. The Program Specialist advised she would scan the letter and sent it to the MO DOC PREA office. She further confirmed that incarcerated individuals can remain anonymous when reporting.

Additionally during the tour, the auditor asked staff to demonstrate how they would document a verbal report of sexual abuse. Staff indicated all verbal reports would be documented in an incident report. The incident report would then be emailed to the supervisor.

The auditor tested the third party reporting mechanism on May 27, 2025. The auditor sent an email to the email address found on the agency website. The auditor received confirmation from the PREA Coordinator on the same date that the email was received directly by him and that the information would be forwarded to the facility PREA Compliance Manager to initiate the coordinated response and submit a Report for Investigation (RFI).

The auditor attempted to contact Haven House via the resident phones outside the housing unit. The auditor called the number on the Haven House Poster. The auditor received an automated message advising that the phone number was disconnected. During the on-site portion of the audit the facility discovered the number on the Haven House Poster had a transposed number. The facility corrected the issue immediately and updated the Haven House Poster. The updated Haven House Poster was displayed within the facility. The auditor tested the number again from the resident phones. The auditor reached a staff member from Haven House who confirmed they can provide emotional support services,

correspondence services and outreach services.

The auditor did not require accommodations for residents during interviews. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. Additionally, the agency has staff that can serve as translators and interpreters. The auditor utilized staff translators at other facility audits.

Documentation Sampling

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

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, resident files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The auditor reviewed fifteen personnel and/or training files that included two individuals hired within the previous twelve months, three staff employed over five years, and two staff promoted during the previous twelve months. Additionally, the auditor reviewed the training files of two contractors.

Resident Files. A total of twelve resident files were reviewed. All twelve resident files were of those that arrived within the previous twelve months and one was a disabled resident.

Medical and Mental Health Records. There were zero allegations during the previous twelve months. Residents are provided medical and mental health services in the community. The auditor did not review any medical or mental health documents but did observe that information is documented when a resident leaves the facility for these services.

Grievances. There were zero sexual abuse grievances filed.

Hotline Calls. The facility has an internal hotline. Zero sexual abuse allegations were reported via the hotline.

Incident Reports. There were zero allegations reported and as such there were zero incident reports to review.

Investigation Files. There were zero sexual abuse or sexual harassment allegations reported during the previous twelve months. The last sexual abuse or sexual harassment

allegation was reported in 2023. The auditor reviewed the investigation from 2023.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

There were zero sexual abuse allegations reported during the audit cycle.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: - Pre-Audit Questionnaire - D1-8.13 Offender Sexual Abuse and Harassment - P4-4.5 Prison Rape Elimination Act - P4-4.13 Searches - P8-2.1 Hiring Transfer and Onboarding Procedures - P7-1.7 Complaints, Inquiries and Investigations - D1-8.1 Office of Professional Standards - D1-8.4 Institutional Investigations

9. D1-8.8 Evidence Collection Accountability & Disposal
10. D2-2.2 Background Investigations
11. D2-2.23 Candidate Selection
12. D2-9.1 Employee Discipline
13. D2-11.6 Labor Organization
14. D2-11.10 Staff Member Conduct
15. D2-11.14 Annual Staff Member Requirements
16. D2-13.1 Volunteers & Reentry Partners
17. D2-13.2 Student Interns
18. D5-3.2 Offender Grievance
19. D5-5.1 Deaf and Hard of Hearing Offenders
20. Agency Organizational Charts

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.211 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency has a comprehensive PREA policy, D1-8.13 Offender Sexual Abuse and Harassment. Page 5 states that the department has a zero tolerance for all forms of offender sexual abuse, harassment, and retaliation. Pages 2-4 include the definitions of sexual abuse and sexual harassment and prohibited behavior. Pages 6 and 22-23 include the sanctions and process for those found to have participated in

prohibited behaviors. D1-8.13 outlines the strategies and responses to preventing, detecting and responding to sexual abuse and sexual harassment. In addition to the D1-8.13, the agency has numerous other policies that address specific areas of the prevention, detection and response. These policies include: P4-4.5, P4-4.13, P8-2.1, P7-1.7, D1-8.1, D1-8.4, D1-8.8, D2-2.2, D2-2.23, D2-9.1, D2-11.6, D2-11.10, D2-11.14, D2-13.1, D2-13.2, D5-3.2, and D5-5.1. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCMs, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency's approach to sexual safety.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ stated that Darren Snellen is the agency wide PC. D1-8.13, page 6 states to ensure compliance with the Prison Rape Elimination Act (PREA), the department shall employ a full-time PREA manager responsible for implementation and oversight of the department's efforts to prevent, detect, and respond to offender sexual abuse, harassment, and retaliation. The agency's organizational chart confirms that the PC position is an upper-level position and is agency-wide. The organizational chart notes that the PC reports to the Director of Office of Professional Standards, who in turn reports to the agency Director. While the facility is not required to designate a PREA Compliance Manager, the facility exceeds the requirement with the designation of a PREA Compliance Manager. The interview with the PC indicated he has enough time to manage all of his PREA related responsibilities. He stated that there are 27 facility PREA Compliance Managers and he completes training annually for the staff. The PC further advised if he identifies an issue, he tries to solve it at the lowest level. He works with the Wardens and has a good communication route with leadership within the agency. The interview with the PCM confirmed she has enough time to manage all of her PREA related responsibilities. She stated her role involves sending out the refresher trainings, posting information and reviewing the PREA folder monthly. She advised if she identifies an issue complying with a PREA standard she would work with the agency PC to determine next steps and then follow through on those steps.

Based on a review of the PAQ, D1-8.13, P4-4.5, P4-4.13, P8-2.1, P7-1.7, D1-8.1, D1-8.4, D1-8.8, D2-2.2, D2-2.23, D2-9.1, D2-11.6, D2-11.10, D2-11.14, D2-13.1, D2-13.2, D5-3.2, D5-5.1, the agency organizational charts and information from the

	interview with the PC and PCM, this standard appears to be compliant.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Blank Solicitation and Contract Findings (By Provision): 115.212 (a): The PAQ stated that the agency does not contract for confinement of residents. D1-8.13, page 6 states all community confinement facilities shall adopt and comply with PREA standards as outlined in their contract with the department. The department shall regularly audit community confinement facilities to ensure compliance with the PREA standards. A review of the blank solicitation (Request for Proposal) noted that Section 2.6 is the PREA requirements, which notes that the contractor must be in compliance with 28 Code of Federal Regulations (CFR) Part 115. The contract also requires that no later than 120 calendar days after receiving the first client, the contractor shall complete a PREA audit by a DOJ approved PREA auditor and shall provide a copy of the PREA audit results to the state agency within ten working days. 115.212 (b): The PAQ stated that the agency does not contract for confinement of residents. D1-8.13, page 6 states all community confinement facilities shall adopt and comply with PREA standards as outlined in their contract with the department. The department shall regularly audit community confinement facilities to ensure compliance with the PREA standards. A review of the blank solicitation (Request for Proposal) noted that Section 2.6 is the PREA requirements, which notes that the contractor must be in compliance with 28 Code of Federal Regulations (CFR) Part 115. The contract also requires that no later than 120 calendar days after receiving the first client, the contractor shall complete a PREA audit by a DOJ approved PREA auditor and shall provide a copy of the PREA audit results to the state agency within ten working days.

	115.212 (c): The PAQ stated that the agency does not contract for confinement of residents. D1-8.13, page 6 states all community confinement facilities shall adopt and comply with PREA standards as outlined in their contract with the department. The department shall regularly audit community confinement facilities to ensure compliance with the PREA standards. A review of the blank solicitation (Request for Proposal) noted that Section 2.6 is the PREA requirements, which notes that the contractor must be in compliance with 28 Code of Federal Regulations (CFR) Part 115. The contract also requires that no later than 120 calendar days after receiving the first client, the contractor shall complete a PREA audit by a DOJ approved PREA auditor and shall provide a copy of the PREA audit results to the state agency within ten working days. Based on the review of the PAQ, D1-8.13 and the blank solicitation, this standard appears to be compliant.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. 2023 Poplar Bluff CSC Annual PREA Report 4. Staffing Plan 5. Annual Staffing Plan Reviews 6. Staffing Schedule Interviews: 1. Interview with the Director 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. D1-8.13, page 7 states the department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender population, and the prevalence of substantiated and unsubstantiated offender sexual abuse allegations. The PAQ indicated that the current staffing is based on 40 residents, and the average daily population over the previous twelve was 28. The Staffing Plan outlines the elements under this provision. It includes information on a recently added position and the reason for the additional resource, staff gender requirement for shifts, the resident population, and video monitoring technology information. The staffing plan includes the posts required per shift, the post analysis, the master roster, the vacancy report breakdown and the organizational chart. The 2023 Poplar Bluff CSC Annual Report notes that the facility conducted an evaluation of video monitoring and the staffing plan. During the tour the auditor confirmed the facility follows a staffing plan. There were at least three staff for the building and staff were required to conduct rounds throughout specific zones. The auditor confirmed that the staffing was adequate to protect residents from sexual abuse as over half of the residents are off-site at work during the day. The auditor did not observe overcrowding and noted lines of sight were adequate with rounds and video monitoring technology. During the tour the auditor observed cameras in the housing unit and common areas. Cameras were monitored by staff in the control room and supplemented staffing. Cameras can also be remotely viewed by administrative level staff. The interview with the Director confirmed the facility has a staffing plan and the plan is adequate to protect residents from sexual abuse. He stated the staffing plan is designed by Jefferson City and that they make sure they have the minimum required staffing. He confirmed video monitoring is part of the staffing plan and that the staffing plan is documented. The Director advised they consider the elements under this provision and if they had an increase in incidents of sexual abuse or sexual harassment they would review to see if a change in staffing was needed. He noted that staffing is a total for the entire building and that it is based on community level custody. The Director stated that they check for compliance with the staffing plan through unannounced rounds, cameras reviews and the daily schedule. The interview with the PCM noted that she was not certain about the staffing plan considerations but that they have evened out their shifts with staff to ensure they are more balanced.

She stated staffing is based on community level custody and that all staff are assigned to the facility and they rotate zones for rounds.

115.213 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ noted that there have been no deviations during the previous twelve months. D1-8.13, page 7 states each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted. The interview with the Director advised any deviations from the staffing plan would be documented on the Chrono. A review of the schedules notes that they have a minimum staffing and that they do not deviate from this staffing. Staff work overtime in order to ensure the minimum is met. It should be noted that the staff change is noted on the schedule, including the staff that did not work and the staff that did work.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. D1-8.13, page 23 states each facility shall utilize information from the offender sexual abuse incident debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March. The report shall in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to: the staffing plan, the deployment of video monitors, and the resource availability to adhere to the staffing plan. A review of the PREA Staffing Plan Assessment indicates it includes information on elements identified under 115.213 provision (a). The PREA Staffing Plan Assessment discusses prior adjustments and whether there is a need for additional adjustments to the staffing plan, whether there has been any additions or improvement to video monitoring technology and if there is a need for additional resources for adherence to the staffing plan. The staffing plan was most recently reviewed on May 21, 2025. The staffing plan was previously reviewed on March 29, 2024. Additionally, the PREA Annual Report includes a section (section 4) on the staffing plan evaluation, which notes if any needs were identified and also outlines narrative related to facility staffing. The interview with the PC confirmed that he reviews each facility's staffing plan annually.

Based on a review of the PAQ, D1-8.13 Offender Sexual Abuse and Harassment, 2023 Poplar Bluff CSC Annual PREA Report, The Staffing Plan, Annual Staffing Plan Reviews, Staff Schedule, observations from the tour and information from the interviews with the PC, PCM, and the Director, this standard appears to be compliant.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.13 Searches 4. Poplar Bluff CSC Standard Operating Procedure – Searches 5. Poplar Bluff CSC Standard Operating Procedure – Cross Gender Viewing 6. Searches Training Curriculum 7. DOCOTA Training Slides 8. Staff Training Records Interviews: 1. Interviews with Random Staff 2. Interviews with Random Residents 3. Interviews with Transgender and Intersex Residents Site Review Observations: 1. Observations of Privacy for Residents 2. Observation of Opposite Gender Announcement Findings (By Provision): 115.215 (a): The PAQ indicated that the facility conducts cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. D1-8.13, page 11, states cross-gender strip searches are not allowed except in exigent circumstances. All cross-

gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches. P4-4.13, page 6 states strip searches shall be conducted by two staff of the same gender as the client, except in exigent circumstances. Poplar Bluff CSC Standard Operating Procedure – Searches state that there will be no cross gender searches except in exigent circumstances. It further states that strip searches will be conducted by staff of the same gender. Strip searches are visual inspections only.

115.215 (b): The PAQ indicated that this provision does not apply as the facility does not house female residents. P4-4.13, pages 5-6 state thorough pat searches of female clients shall be conducted by female staff except in exigent circumstances. Any thorough pat search of a female client by male staff under exigent circumstances shall be documented in the Cross Gender Search Report (Attachment B). Poplar Bluff CSC Standard Operating Procedure – Searches state that there will be no cross gender searches except in exigent circumstances. It further states that strip searches will be conducted by staff of the same gender. Strip searches are visual inspections only. The facility does not house female residents and had not housed a transgender female resident during the previous twelve months.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches, all cross gender visual body cavity searches. The PAQ further indicated that the facility does not house female residents and therefore this portion of the provision is not applicable. D1-8.13, page 11, states cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services and probation and parole procedures regarding searches. P4-4.13, page 8 states all searches shall be documented in accordance with SOP and departmental procedures. Poplar Bluff CSC Standard Operating Procedure – Searches state that there will be no cross gender searches except in exigent circumstances. It further states that strip searches will be conducted by staff of the same gender. Strip searches are visual inspections only.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. D1-8.13, page 11 states offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with, institutional services, and probation and parole procedures regarding searches. Staff members of the opposite gender shall announce their

presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement shall be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement shall be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it shall be recorded in the housing unit chronological log. P4-4.13, page 4 stated staff shall announce their presence when entering an area where a client of the opposite gender may be changing clothes. Staff making the announcement shall document the date and time and enter the information on the Chronological Log (Attachment A) or the Cross Gender Search Report form (Attachment B). Poplar Bluff CSC Standard Operating Procedure – Cross Gender Viewing states that the PREA announcement will be made in the male and female dorm at the beginning of each shift. Once the announcement has been made other announcements are not required for the remainder of the shift. Announcements shall be recorded in the Chrono and Shift Report. With regard to cross gender viewing, the auditor did not identify any issues. The shower was a group shower, but had saloon style doors as well as a curtain for the ADA shower. Restrooms were public style with doors. The auditor observed that all strip searches are done in a bathroom at the front of the facility that is equipped with a solid door. A review of video monitoring technology confirmed there were no cross gender viewing issues. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement prior to entry into the housing unit. Additionally, the facility had a sign that was turned when a female staff member was in the unit to allow for any residents outside the unit to be aware prior to them entering. All eleven random staff interviewed stated that residents have privacy when showering, using the restroom and changing clothes and all eleven indicated that staff of the opposite gender announce prior to entering the resident living area. Interviews with ten residents indicated they have privacy when showering, using the restroom and changing their clothes. Further all ten residents stated that staff of the opposite gender announce when they enter resident living area. Following the on-site portion of the audit, the facility updated their SOP to outline current procedure and compliance with the standard. The SOP was updated to outline that the announcement will be made at the beginning of the shift and that the announcement is required anytime female staff enter the male dorm.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PAQ noted that no searches of this nature have occurred within the previous twelve months. D1-8.13, page 9 states if the gender of the offender is unknown at the time of intake, staff members shall not search the offender for the sole purpose of determining the offender's genital status in accordance with the institutional services and probation and parole procedure regarding transgender and intersex offenders or clients. Genital status may be determined during conversations with the offender, reviewing medical records, or if necessary, through a broader medical examination conducted

in private by the appropriate health care staff members. Page 11 further states staff members shall not perform strip or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, diagnostic center reception and orientation, and receiving screening intake center. P4-4.13, page 4 states no search or physical examination of a transgender or intersex client shall be conducted for the sole purpose of determining the client's genital status. Interviews with ten random staff indicated nine were aware of a policy that prohibitions strip searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. There were zero transgender or intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): D1-8.13, page 11 states custody staff members shall be trained in how to conduct cross gender pat down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs. A review of the Searches training curriculum notes that page 5 performance objective includes performing a thorough same gender and cross gender pat search, according to policy guidelines and PREA standards, taking into consideration searches and professionalism. The training then outlines the appropriate procedure for female staff searching male residents and male staff searching female residents (it notes male staff searching female residents will only occur during an exigent circumstance). The training includes video on same gender searches and cross gender searches. The training also revisits that staff learned about unique searches, including transgender, intersex, gender unknown and youthful offenders, during DOCOTA. The DOCOTA search slides outline that staff will utilize the female search techniques for transgender searches. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. Interviews with eleven random staff indicated ten had received training on cross gender searches and searches of transgender and intersex residents. A review of training records noted all twelve staff had completed search training. It should be noted that most of the staff completed the search training prior to the release of the PREA compliance tool in 2013.

Based on a review of the PAQ, D1-8.13, P4-4.13, Searches Training Curriculum, DOCOTA Training Slides , Staff Training Records, observations made during the tour, as well as information from interviews with random staff, random residents and transgender residents, this standard appears to be compliant.

Recommendation

	The auditor highly recommends that the facility conduct training with all staff on cross gender searches and searches of transgender residents via the PREA Resource Center video.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D5-5.1 Deaf and Hard of Hearing Offenders 4. PREA Brochure 5. PREA Posters 6. Department of Public Safety (DPS) Poster 7. PREA Advocacy Poster 8. Poplar Bluff CSC Resident Handbook 9. PREA Adult Comprehensive Education Video 10. Sign Language Interpretation Service Information 11. Verbal Language Interpretation Service Information 12. Special Needs Offenders Training Curriculum Interviews: 1. Interview with the Agency Head Designee 2. Interviews with Random Staff 3. Interviews with Disabled and LEP Residents Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. D5-5.1, page 3 states that deaf or hard of hearing offenders shall be offered the assistance of qualified interpreters and have other auxiliary aids explained to them during the diagnostic process. The policy outlines the aids and services available to deaf and hard of hearing offenders. The agency has a contract for Sign Language Interpretation Services through Access Sign Language, LLC. A review of the PREA Brochure, PREA Posters, PREA Advocacy Poster, DPS Poster and Handbook confirmed that they are available in larger print. The PREA Brochure is also available in Braille. The PREA Adult Comprehensive Education Video is available in American Sign Language and includes text related to the verbal information provided. A review of the Special Needs Offenders Training Curriculum notes that staff are provided training on identifying special needs and providing accommodations for special needs. The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The building had numerous PREA Posters in English and Spanish on letter size paper. The Third Party Poster was also observed on letter size paper in English. The auditor viewed the PREA Advocacy Poster on letter size paper in English and Spanish. Additionally, the facility had information on Haven House (phone number and mailing address), the local rape crisis center, posted on letter size paper in English and Spanish. The interview with the Agency Head Designee confirmed that the agency takes appropriate steps to ensure residents with disabilities and resident who are limited English proficient have 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. He advised they have a comprehensive Americans with Disabilities process for offenders. He stated they have signs and materials available in all languages and they have contractors for American Sign Language and language translation services. The interview with the disabled resident confirmed that he was provided PREA information in a format he could understand.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents with limited English proficiency 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. The agency has a contract for Verbal Language Interpretation Services through Language Access Multicultural People. Additionally, the facility can utilize Southeastern Correctional Center staff to serve as translators. A review of the list confirms there are over 50 staff that can provide translation services. A review of the PREA Brochure, PREA Posters, PREA Advocacy

Poster, DPS Poster and Handbook confirmed they were available in English and Spanish. Additionally, the PREA Brochure is available in six other languages. The PREA Adult Comprehensive Education Video is available in English and Spanish and includes text related to the verbal information provided. The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The building had numerous PREA Posters in English and Spanish on letter size paper. The Third Party Poster was also observed on letter size paper in English. The auditor viewed the PREA Advocacy Poster on letter size paper in English and Spanish. Additionally, the facility had information on Haven House (phone number and mailing address), the local rape crisis center, posted on letter size paper in English and Spanish. The auditor did not require accommodations for residents during interviews. The auditor confirmed that the facility has access to translators and interpreters through the agency contracts. Staff call the organizations and schedule the services. Additionally, the agency has staff that can serve as translators and interpreters. The auditor utilized staff translators at other facility audits. There were zero LEP residents during the on-site portion of the audit and as such no interviews were conducted.

115.216 (c): The PAQ indicated that agency policy does not prohibit use of resident interpreters, resident readers, or other type 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 responder duties, or the investigation of the resident's allegation. The PAQ further indicated the facility does not document the limited circumstances in individual cases where resident interpreters, readers or other assistants are used as they do not use residents for interpreters, readers and other types of assistants. The PAQ noted that there were zero instances where a resident was utilized to interpret, read or provide other types of assistance. D1-8.13, page 9 states offender interpreters or offender readers shall not be utilized. Page 14 further states offender interpreters shall not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation. Interviews with eleven random staff indicated seven were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations. The interview with the disabled resident indicated he was provided information in a format he could understand and did not require any assistance.

Based on a review of the PAQ, D1-8.13, D5-5.1, PREA Brochure, PREA Posters, PREA Advocacy Poster, DPS Poster, Rulebook, PREA Adult Comprehensive Education Video, Sign Language Interpretation Service Information, Verbal Language Interpretation Service Information, Special Needs Offenders Training Curriculum, Staff Training, observations made during the tour as well as interviews with the Agency Head Designee, random staff, and the resident with a disability, this standard appears to be compliant.

	Recommendation The auditor highly recommends that the facility train staff during the next refresher training on the prohibition under provision (c) and the resources available to provide accommodations.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D2-2.2 Background Investigations 4. P8-2.1 Hiring Transfer and Onboarding Procedures 5. D2-11.14 Annual Staff Member Requirements 6. D2-13.1 Volunteers & Reentry Partners 7. D2-2.23 Candidate Selection 8. D2-5.1 Maintenance of Employee Records 9. Pre-Employment PREA Check 10. Application for Employment 11. Personnel Files for Staff and Contractors Interviews: 1. Interview with Human Resource Staff Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. D1-8.13, page 7 states staff members shall not hire or promote any person, staff member, or enlist the services of any contractor that may have contact with an offender when it is known that he: has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. D2-2.8, page 3 states prior to approval of a promotional appointment, regardless of the salary range, a check will be conducted of the employee's official personnel file through central office human resources. This check will be performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations will be considered by the department before an employee is promoted. A review of documentation for two staff hired in the previous twelve months confirmed both had a criminal background records check completed prior to hire. The facility had not enlisted the services of any new contractors in the previous twelve months.

115.217 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with a resident. The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractor.

115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, and consistent with federal, state, and local law, makes 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. D1-8.13, page 7 states before hiring new staff members a worksite personnel staff member or designee shall perform a criminal background records check; and attempt to contact all prior institutional employers, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background screening.

D2-2.2, page 2 states individuals being interviewed for positions within the department shall be notified that a background investigation will be completed prior to his/her employment with the department. A review of the Pre-Employment PREA Check form confirms that it includes areas for staff to contact prior institutional employers and ask three questions, including whether the applicant had any substantiated allegations of sexual abuse or sexual harassment and if the applicant resigned pending an investigation of an allegation of sexual abuse. The email from the Human Resources Director, dated The PAQ indicated that there were eight individuals hired in the previous twelve months that had a criminal background records check completed prior to hire. The interview with Human Resource staff confirmed that a criminal background records check is completed before hiring any new employees. The staff stated they use the MULES system, which queries national, state and local criminal histories. She stated she does not conduct prior institutional checks but the District Administrator (DA) or other personnel staff would do that. A review of documentation for two staff hired in the previous twelve months confirmed both had a criminal background records check completed prior to hire. Neither of two had prior institutional employment, however the agency did reach out to a rehabilitation center and completed the Pre-Employment PREA Check form related to that employment.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there have been ten contracts at the facility within the past twelve months where a criminal background records check was conducted on those under the contract. Further communication with the PCM noted that there have been eight contractors total within the last twelve months, including those the agency deems as a vendor (rather than a contractor). D1-8.13, page 7 states before hiring new staff members a worksite personnel staff member or designee shall perform a criminal background records check; and attempt to contact all prior institutional employers, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background screening. D2-2.2, page 5 states contract staff, volunteers, and student interns shall have a background investigation conducted that consists of the criminal history check and any violations that have been reported to pertinent professional licensing and/or certification organizations, if applicable. The interview with the Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services. The facility had not enlisted the services of any new contractors in the previous twelve months.

115.217 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.

D2-11.14, page 3 states each calendar year, in the month following each staff member's birth month, specific employment requirement verifications shall be conducted. A criminal history check shall be conducted to include outstanding warrants. Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. The interview with the Human Resource staff indicated she conducts a criminal background records check annually, via MULES, for all staff and contractors. A review of documentation for three staff employed longer than five years confirmed all staff had a criminal background records check completed at least every five years. It should be noted criminal background records checks are completed annually on staff and contractors, which exceeds this requirement.

115.217 (f): A review of the Employment Applications noted that it includes four questions related to sexual abuse and sexual harassment. One question asks if the applicant resigned from an employer pending an investigation of an allegation of sexual abuse. A second question asks if the applicant has ever 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; or has been civilly or administratively adjudicated to have engaged in the activity. A third question asks the applicant if they have ever had any substantiated allegations of sexual abuse or sexual harassment in prison, jail, lockup, community confinement, juvenile facility or other institution. The Human Resource staff stated she was not sure if they directly ask staff about these questions, but they do require staff to complete a form prior to employment. The Human Resource staff member confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. A review of documentation for two staff hired in the previous twelve months indicated both completed the Employment Application, which contains questions under this provision. A review of two staff promoted during the previously twelve months confirmed both completed the Employment Application, which contains questions under this provision.

115.217 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. D2-2.23, page 2 states falsification of any employment application may be grounds for disciplinary action in accordance with the department procedure regarding employee discipline and disqualification for consideration of a position. False information on the employment application regarding substantiated allegations of offender or resident abuse or harassment shall be grounds for termination.

115.217 (h): D2-5.1, page 7 states verification of information, other than public information, will be made with a written authorization from the employee.

	Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contacting central office human resources. The interview with the Human Resource staff confirmed they would provide information to other institutional employers about any substantiated incidents of sexual abuse and resignation during investigation. She stated this would be provide through the Office of Administration. Based on a review of the PAQ, D1-8.13, D2-2.2, P8-2.1, D2-11.14, D2-13.1, D2-2.23, D2-5.1, Pre-Employment PREA Check, Application for Employment, Personnel Files for Staff and Contractors, and information obtained from the Human Resource staff interview, this standard appears to be compliant.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. Camera Location Map and Memorandum Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Director Site Review Observations: 1. Observations of Modification to the Physical Plant 2. Observations of Video Monitoring Technology Findings (By Provision):

	115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. During the tour the auditor confirmed that the facility did not have any modifications to the physical plant. The interview with the Agency Head Designee indicated that the agency has a comprehensive process to review every modification or addition to existing buildings. He advised there is a construction process where he and engineers review the request. During the review they determine if modifications would interfere with protecting the offenders and whether it would interfere with lines of sight, cameras views, etc. The interview with the Director indicated they have not had any substantial modifications to the facility since the last PREA audit. 115.218 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. The facility provided a map that outlined where video monitoring is located. A review of the video monitoring upgrades memo notes that the facility added fourteen additional cameras across numerous areas to assist with supervision and monitoring. The Camera Location Map illustrates the location of video monitoring in the facility. During the tour the auditor observed cameras in the housing unit and common areas. Cameras were monitored by staff in the control room and supplemented staffing. Cameras can also be remotely viewed by administrative level staff. The interview with the Agency Head Designee indicated that they take video monitoring technology very seriously and that they utilize it for investigations as well as a supplement to supervision and monitoring. He advised video is used to view areas that they may not have direct sight lines. The Agency Head Designee noted that they have updated all the camera systems in the state to include 360 degree cameras to assist with viewpoints. The Director confirmed that when installing or updating video monitoring technology they consider how that technology will protect residents from sexual abuse. He stated they identify any blind spots and place cameras in those areas. He stated they also upgrade cameras for better coverage. Based on a review of the PAQ, camera location map and memo, observations made during the tour and information from interviews with the Agency Head Designee and Director, this standard appears to be compliant.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. P4-4.5 Prison Rape Elimination Act
4. D1-8.8 Evidence Collection Accountability & Disposal
5. Evidence Procedures Manual
6. Evidence Protocol Memorandum
7. SANE Hospitals Document
8. Memorandum of Understanding with Haven House
9. Victim Advocate Memorandum

Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with SAFE/SANE

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. D1-8.8, the Evidence Procedures Manual and the Evidence Protocol Memorandum outline the uniform evidence protocol. Interviews with eleven random staff indicated all eleven were aware of and understood the protocol for obtaining usable physical evidence. Additionally, nine stated they knew who was responsible for conducting sexual abuse investigations.

115.221 (b): The PAQ indicated that the evidence protocol is not developmentally appropriate for youth as the agency does not house youthful residents. It further stated that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents."

Further clarification with the PCM indicated that it was not developed for youth as they do not house youth, however it was developed based on the most recent edition of the DOJ's publication. D1-8.8, the Evidence Procedures Manual and the Evidence Protocol Memorandum outline the uniform evidence protocol, including crime scene preservation, evidence collection and SAFE/SANE.

115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ stated the facility documents its efforts to provide SAFE/SANE. P4-4.5, pages 5-6 state the victim shall be transported to a hospital for a forensic exam. Hospitals with Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner (SAFE/SANE) programs shall be utilized when possible for forensic exams. If no hospital is available with SAFE/SANE services, then staff shall document efforts to find a SAFE/SANE program and transport the victim to an available medical facility for the forensic exam. The SANE Hospitals document outlines that Southeast Hospital is the SAFE/SANE hospital for the facility. The PAQ indicated that during the previous twelve months there were zero forensic medical examinations conducted. The auditor contacted Southeast Hospital related to forensic medical examinations. The staff noted that they provide forensic medical examinations through SAFE/SANE or through a qualified medical practitioners, when SAFE/SANE are not available. The auditor contacted Poplar Bluff Medical Center related to forensic medical examinations. Staff advised they do not conduct forensic medical examinations at the hospital. The hospital advised that KVC Missouri offers forensic medical examinations by SAFE/SANE. The auditor contacted KVC Missouri and confirmed they would provide a forensic medical examination for any resident via a SAFE/SANE. A review of documentation indicated there were zero sexual abuse allegations and zero forensic medical examinations.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. P4-4.5, page 8 states all alleged victims of offender sexual abuse and harassment shall be offered an advocate to be available during the investigative process, to provide emotional support and referral, if applicable. If the victim refuses advocacy services, then staff shall make a note in the Automated Road Book (ARB) and the client shall sign the Advocacy Services Refusal Form (Attachment E). A review of the MOU with Haven House indicates that they will respond to offender victims of the same basis as existing community standards providing direct services including crisis intervention, emotional support, information, referrals, and ensure the offender victims interests

are represented, their wishes are respected, and their rights upheld in accordance with PREA standards. The interview with the PCM confirmed that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. She stated Haven House would provide these service and that Haven House is a certified rape crisis center. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months.

115.221 (e): The PAQ indicated that as requested by the victim, the victim advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. P4-4.5, page 8 states all alleged victims of offender sexual abuse and harassment shall be offered an advocate to be available during the investigative process, to provide emotional support and referral, if applicable. If the victim refuses advocacy services, then staff shall make a note in the Automated Road Book (ARB) and the client shall sign the Advocacy Services Refusal Form (Attachment E). A review of the MOU with Haven House indicates that they will respond to offender victims of the same basis as existing community standards providing direct services including crisis intervention, emotional support, information, referrals, and ensure the offender victims interests are represented, their wishes are respected, and their rights upheld in accordance with PREA standards. The interview with the PCM confirmed that if requested by the victim, a victim advocate, qualified agency staff member or qualified community based organization staff member accompanies and provides emotional support, crisis intervention, information and referrals during forensic medical examinations and investigatory interviews. She stated Haven House would provide these service and that Haven House is a certified rape crisis center. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. There were zero sexual abuse allegations reported during the previous twelve months.

115.221 (f): The PAQ indicated this provision is not applicable as the agency is responsible for conducting administrative and criminal investigations. D1-8.13, page 19 states the PREA manager shall request all responsible law enforcement agencies follow PREA standards when conducting offender sexual abuse investigations.

115.221 (g): The auditor is not required to audit this provision.

	115.221 (h): D1-8.13, page 20 states all staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. A review of the MOU with Haven House indicates that they will respond to offender victims of the same basis as existing community standards providing direct services including crisis intervention, emotional support, information, referrals, and ensure the offender victims interests are represented, their wishes are respected, and their rights upheld in accordance with PREA standards. Haven House is the local rape crisis center. The memo from the PC advised that the agency has worked with the Missouri Coalition Against Domestic Violence and Sexual Violence to create an online advocacy training for those interested in providing advocacy services to victims of sexual violence within the agency. A review of the training curriculum confirms that the training was created by the Missouri Coalition Against Domestic Violence and Sexual Violence. The training outlines the continuum of sexual violence, terms and definitions, type of sexual violence, survivor and advocate response, samples of things to say, medical framework, the advocate's role, crisis intervention, how to help, establishing rapport, defining the problems and exploring feelings. The training includes activities and a post training quiz. Based on a review of the PAQ, D1-8.13, P4-4.5, D1-8.8, Evidence Procedures Manual, Evidence Protocol Memorandum, SANE Hospitals Document, MOU with Haven House, Victim Advocate Memo, and information from interviews with random staff, SAFE/SANE and the PREA Compliance Manager, this standard appears to be compliant.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. D1-8.1 Office of Professional Standards 5. D1-8.4 Institutional Investigations 6. Investigative Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.222 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. D1-8.4, page 2 states an inquiry or investigation may be conducted by an institutional investigator when: an offender may have engaged in a violation of offender rules; or there is an allegation of staff member on offender sexual harassment (as defined in accordance with the department procedure regarding offender sexual abuse and harassment) not related to a pat search or a use of force. Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force shall be processed in accordance with the PREA coordinated response protocol reference document. P4-4.5, page 7 states by the following business day, the investigation manager shall determine if the allegation meets the criteria for an Office of Professional Standards investigation. If so, the investigation manager shall complete the request for investigation and notify the CAO/designee and PREA site coordinator. If the allegation is investigated by the Office of Professional Standards or local law enforcement, then the Office of Professional Standards shall make all entries regarding the allegation and subsequent investigation into the Corrections Information Network (COIN) system. If the allegation does not meet the criteria for an Office of Professional Standards investigation, then the CAO/designee and PREA site coordinator shall be notified, the allegation shall be investigated on site, and the PREA site coordinator shall ensure the allegation and subsequent investigation is entered into the COIN system. The PAQ noted there were zero allegations reported within the previous twelve month. The interview with the Agency Head Designee advised that there is a comprehensive reporting process and that all allegations follow a protocol checklist. He advised allegations are entered into the IRIS system. The allegations are then assigned to an investigator. There were zero sexual abuse and zero sexual harassment allegations reported during the previous twelve months. The last allegation was reported in 2023. The auditor reviewed the 2023 allegation and confirmed there was an administrative investigation completed.

115.222 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an

	agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. A review of the agency website (https://doc.mo.gov/programs/PREA) confirms that D1-8.13 is published and available for public review. The interview with the investigator confirmed that all allegations are referred to an investigative agency with legal authority to conduct criminal investigations. All allegations are investigated internally by MO DOC investigators. There were zero sexual abuse and zero sexual harassment allegations reported during the previous twelve months. The last allegation was reported in 2023. The auditor reviewed the 2023 allegation and confirmed there was an administrative investigation completed by an agency investigator. 115.222 (c): The agency has the authority to conduct both administrative and criminal investigations. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. A review of the agency website (https://doc.mo.gov/programs/PREA) confirms that D1-8.13 is published and available for public review. 115.222 (d): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. A review of the agency website (https://doc.mo.gov/programs/PREA) confirms that D1-8.13 is published and available for public review. 115.222 (e): The auditor is not required to audit this provision. Based on a review of the PAQ, D1-8.13, P4-4.5, D1-8.1, D1-8.4, investigative report, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator, this standard appears to be compliant.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. PREA Training Curriculum
4. Working with the Female Offender Training Curriculum
5. Supervising the Female Population Training Curriculum
6. Pat Searches Training Curriculum
7. PREA Refresher Training 2024
8. PREA Refresher Flyers
9. Staff Training Records (Staff Sexual Misconduct and Harassment Acknowledgement & PREA Basic Training Acknowledgment)

Interviews:

1. Interviews with Random Staff

Findings (By Provision):

115.231 (a): The PAQ indicated that the agency trains all employees who may have contact with residents on the requirements under this provision. D1-8.13, pages 7-8 state all new staff members shall complete the department's online sexual misconduct and harassment training within 5 working days of employment. All staff members shall receive initial PREA training during the department's basic training. A review of the PREA Training Curriculum confirms it includes information on: the agency's zero-tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with residents, how to effectively and professionally communicate with LGBTI residents and how to comply with relevant laws related to mandatory reporting. Interviews with eleven random staff confirmed that all eleven had received PREA training and the training included the required elements under this provision. A review of documentation for thirteen staff confirmed all thirteen

completed PREA training.

115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. D1-8.13, page 8 states all new staff members who shall be placed at a female facility shall receive gender specific training prior to being placed at a post. Staff members shall receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff members shall receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of assignment. A review of the Working with the Female Offender Training Curriculum and the Supervising the Female Population Training Curriculum indicates they include specific information on female offenders. The facility houses male residents and as such additional training was not required.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment, when warranted. The PAQ stated that training is completed every two years and that refresher flyers are sent out every month as talking points to PCMs to distribute and discuss with staff as part of continuing education during years staff do not have the training. D1-8.13, page 8 states all staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years in which an employee is not required to complete training, the facility site coordinator shall provide refresher information on current sexual abuse and sexual harassment policies. A review of the PREA Refresher Trainings and the PREA Refresher Flyers confirmed that the agency/facility provides updated training information on various PREA topics. A review of documentation for thirteen staff indicated twelve had completed PREA training at least every two years.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. D1-8.13, page 8 state all completed PREA training requires a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. A review of documentation for thirteen staff confirmed all thirteen had completed online training, which includes a quiz to document receipt and understanding.

Based on a review of the PAQ, D1-8.13, PREA Training Curriculum, Working with the

	Female Offender Training Curriculum, Supervising the Female Population Training Curriculum, Pat Searches Training Curriculum, PREA Refresher Training 2024, PREA Refresher Flyers, Staff Training Records and information from interviews with random staff, this standard appears to be compliant.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Offender Sexual Abuse and Harassment A Guide for Partners in Corrections 4. PREA Training for Partners in Corrections 5. Contractor and Volunteer PREA Brochure 6. Contractor Training Records (Staff Sexual Misconduct and Harassment Acknowledgment) Interviews: 1. Interview with Contractors and/or Volunteers Findings (By Provision): 115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. D1-8.13, page 8 states all part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. The PAQ noted that seven volunteers and contractors had received PREA training. Further communication with the PCM noted that they only have four active contractors and volunteers and all four received training. A review of PREA Training for Partners in Corrections indicates it includes information on the zero tolerance policy, the purpose of PREA, definitions, red flags (signs to look for), the coordinated

response and the individuals role, characteristic of victims and perpetrators, common reactions of victim, professional boundaries and reporting (including the mandatory reporting statute). A review of the Offender Sexual Abuse and Harassment A Guide for Partners in Corrections notes that it includes information on the zero tolerance policy, definitions, avoidable contact, avoiding inappropriate relationships, retaliation, reporting, statutes and policy. The Contractor and Volunteer PREA Brochure is distributed annually and includes information on the zero tolerance policy, definitions, red flags, behaviors to avoid and reporting. The interview with the contractor confirmed she was provided information on the agency's sexual abuse and sexual harassment policies and their responsibilities under those policies and procedures. A review of documentation for two contractors indicated both had completed PREA training.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ stated that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. D1-8.13, page 8 states all part-time employees, volunteers, and contract staff members shall receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. A review of PREA Training for Partners in Corrections indicates it includes information on the zero tolerance policy, the purpose of PREA, definitions, red flags (signs to look for), the coordinated response and the individuals role, characteristic of victims and perpetrators, common reactions of victim, professional boundaries and reporting (including the mandatory reporting statute). A review of the Offender Sexual Abuse and Harassment A Guide for Partners in Corrections notes that it includes information on the zero tolerance policy, definitions, avoidable contact, avoiding inappropriate relationships, retaliation, reporting, statutes and policy. The Contractor and Volunteer PREA Brochure is distributed annually and includes information on the zero tolerance policy, definitions, red flags, behaviors to avoid and reporting. The interview with the contractor indicated she was provided training online and it included videos. The contractor confirmed the training included information on the zero tolerance policy and the reporting process. A review of documentation for two contractors indicated both had completed PREA training.

115.232 (c): The PAQ indicated that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. D1-8.13, page 8 state all completed PREA training requires a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. A review of documentation for two contractors indicated both signed the Staff Sexual Misconduct and Harassment Acknowledgment.

	Based on a review of the PAQ, D1-8.13, Offender Sexual Abuse and Harassment A Guide for Partners in Corrections, PREA Training for Partners in Corrections, Contractor and Volunteer PREA Brochure, Contractor training records and the interview with the contractor, this standard appears to be compliant.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Poplar Bluff CSC Standard Operating Procedure – PREA 5. Poplar Bluff CSC Standard Operating Procedure – New Resident Intake Procedures 6. PREA Adult Comprehensive Education Video 7. Poplar Bluff CSC Resident Handbook 8. PREA Brochure 9. PREA Advocacy Poster 10. PREA Posters 11. Sign Language Interpretation Service Information 12. Verbal Language Interpretation Service Information 13. Staff Translator List 14. Resident Education Records (Offender Education Acknowledgment Form) Interviews: 1. Interview with Intake Staff 2. Interviews with Random Residents

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. P4-4.5, page 3 states in compliance with Prison Rape Elimination Act (PREA), the client shall receive orientation utilizing the approved PREA material, which may include the agency approved PREA video, and have a discussion with staff outlining how to report any incident(s) and sign the Offender Sexual Abuse and Harassment Acknowledgement form (Attachment A), which shall be placed in the probation and parole client file. The Poplar Bluff CSC Standard Operating Procedure – PREA states that the resident shall receive orientation utilizing the approved PREA materials, including the agency approved PREA video, upon intake into the CSC, if possible. The resident must view the video no later than 24 hours upon placement in the CSC. Poplar Bluff CSC Standard Operating Procedure – New Resident Intake Procedures states the resident will be handed a copy of the Resident Rule Book and the Offender Sexual Abuse and Harassment Brochure. It further states that new residents will participate in the PREA Intake Video as offered. The PAQ and further communication with the PCM indicated 126 residents received PREA information at intake during the previous twelve months. A review of the Resident Handbook noted that it includes information on the zero tolerance policy, definitions of sexual abuse and sexual harassment, what to do if sexually abused, and reporting methods. A review of the PREA Brochure noted that it includes information on the zero tolerance policy, definitions, tips for prevention, steps to take after sexual abuse, reporting methods, victim right and consequences. A review of the PREA Posters indicated they included information on reporting mechanisms. The PREA Advocacy Poster included the phone number and mailing address to Just Detention International (JDI) and RAINN. A review of the PREA Adult Comprehensive Education Video confirms that it includes information on the zero tolerance policy, reporting methods, the residents right to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation from reporting and the agency/facilities response to an allegation of sexual abuse. The auditor observed the intake/education process through a demonstration. Residents are provided a Rulebook prior to arrival at the facility. If the resident needs another Rulebook, they are provided one upon intake. Residents

then view the PREA Resource Center's Adult Comprehensive Education video in the intake office, one-on-one. The video is displayed on a 42 inch screen. The auditor observed that the audio was adequate. The video is available in English, Spanish and American Sign Language. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA, how to report and the facility's response after an allegation. The staff advised residents view the PREA video one-on-one in the intake area and residents receive the Rulebook and the PREA Brochure. Interviews with ten residents indicated all ten were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. Residents stated they viewed a video the day they arrived at the facility. It should be noted that all residents entering the facility are being transferred from a MO DOC facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. A review of twelve total resident files confirmed all twelve received PREA education. All twelve had received the education the same day they arrived at the facility.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in provision (a). The PAQ and further communication with the PC indicated there were zero residents transferred from another community confinement facility who was provided the refresher information over the previous twelve months. A review of the Resident Handbook noted that it includes information on the zero tolerance policy, definitions of sexual abuse and sexual harassment, what to do if sexually abused, and reporting methods. A review of the PREA Brochure noted that it includes information on the zero tolerance policy, definitions, tips for prevention, steps to take after sexual abuse, reporting methods, victim right and consequences. A review of the PREA Posters indicated they included information on reporting mechanisms. The PREA Advocacy Poster included the phone number and mailing address to Just Detention International (JDI) and RAINN. A review of the PREA Adult Comprehensive Education Video confirms that it includes information on the zero tolerance policy, reporting methods, the residents right to be free from sexual abuse and sexual harassment, the residents right to be free from retaliation from reporting and the agency/facilities response to an allegation of sexual abuse. The auditor observed the intake/education process through a demonstration. Residents are provided a Rulebook prior to arrival at the facility. If the resident needs another Rulebook, they are provided one upon intake. Residents then view the PREA Resource Center's Adult Comprehensive Education video in the intake office, one-on-one. The video is displayed on a 42 inch screen. The auditor observed that the audio was adequate. The video is available in English, Spanish and American Sign Language. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake, including zero tolerance, their rights under PREA, how to report and the facility's response after an allegation. The staff advised residents

view the PREA video one-on-one in the intake area and residents receive the Rulebook and the PREA Brochure. Interviews with ten residents indicated all ten were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. Residents stated they viewed a video the day they arrived at the facility. It should be noted that all residents entering the facility are being transferred from a MO DOC facility where they were provided PREA education upon intake and comprehensive PREA education within 30 days. A review of twelve total resident files confirmed all twelve received PREA education. All twelve had received the education the same day they arrived at the facility.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all s, including those who are disabled or limited English proficient. D1-8.13, page 10 states the department shall provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. D5-5.1, page 3 states that deaf or hard of hearing offenders shall be offered the assistance of qualified interpreters and have other auxiliary aids explained to them during the diagnostic process. The policy outlines the aids and services available to deaf and hard of hearing offenders. Poplar Bluff CSC Standard Operating Procedure - New Resident Intake Procedures states staff will ensure residents who are handicapped, who have limited English proficiency or who have limited reading skills, receive the proper Offender Sexual Abuse and Harassment Brochure, and any assistance needed in understanding it. The agency has a contract for Sign Language Interpretation Services through Access Sign Language, LLC. Additionally, the facility can utilize Southeastern Correctional Center staff to serve as translators. A review of the list confirms there are over 50 staff that can provide translation services. A review of the PREA Brochure, PREA Posters, DPS Poster, PREA Advocacy Poster, and Handbook confirmed that they are available in larger print. The PREA Brochure is also available in Braille. The PREA Adult Comprehensive Education Video is available in American Sign Language and includes text related to the verbal information provided. The agency has a contract for Verbal Language Interpretation Services through Language Access Multicultural People. A review of the PREA Brochure, PREA Posters, DPS Poster, PREA Advocacy Poster, Handbook and Rulebook confirmed they were available in English and Spanish. Additionally, the PREA Brochure is available in six other languages. The PREA Adult Comprehensive Education Video is available in English and Spanish and includes text related to the verbal information provided. The interview with the disabled resident confirmed he was provided information in a format he could understand. A review of documentation for one disabled resident indicated he completed PREA education and signed that he understood the education.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. A review of the Offender Sexual Abuse and Harassment Acknowledgment notes that it states "I acknowledge that I have received the Offender Sexual Abuse & Harassment brochure and/or attended an orientation that included information about the Prison Rape Elimination Act. I understand I have the right to be free from sexual abuse and harassment, and to be free from retaliation from reporting such incidents. I understand there are several ways to report offender sexual abuse and that medical and mental health services are available." The form includes an area for the resident to sign and date as well as a section for a witness to sign and date. A review of twelve resident files confirmed all twelve received PREA education and signed the Offender Sexual Abuse and Harassment Acknowledgment.

115.233 (e): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks or other written formats. The PAQ advised that posters are displayed throughout the facility and all materials can be accessed on the offender tablets. D1-8.13, page 11 states the PREA site coordinator shall make key information readily available or visible to all offenders through PREA posters, the offender rulebook, electronic notebooks and the offender brochure on sexual abuse and harassment. The Poplar Bluff CSC Standard Operating Procedure - PREA states the resident will sign the Offender Sexual Abuse and Harassment Acknowledgement form. The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The building had numerous PREA Posters in English and Spanish on letter size paper. The Third Party Poster was also observed on letter size paper in English. The auditor viewed the PREA Advocacy Poster on letter size paper in English and Spanish. Additionally, the facility had information on Haven House (phone number and mailing address), the local rape crisis center, posted on letter size paper in English and Spanish.

Based on a review of the PAQ, D1-8.13, P4-4.5, PREA Adult Comprehensive Education Video, Resident Handbook, PREA Brochure, PREA Advocacy Poster, PREA Posters, DPS Poster, Sign Language Interpretation Service Information, Verbal Language Interpretation Service Information, Staff Translator List, Resident Education Records, observations made during the tour, as well as information obtained during interviews with intake staff and random residents, this standard appears to be compliant.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. National Institute of Corrections (NIC) – Investigating Sexual Abuse In a Confinement Setting
4. Standard of Proof Training Document
5. PREA Investigations (Sexual Harassment) Training Curriculum
6. Credibility Assessments Training Document
7. Investigator Training Records

Interviews:

1. Interviews with Investigative Staff

Findings (By Provision):

115.234 (a): The PAQ indicated agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. D1-8.13, page 8 states investigators assigned to investigate offender sexual abuse allegations shall receive specialized PREA investigator training. The agency utilizes the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training curriculum. In addition, the agency provides additional training to investigators via the PREA Investigations (Sexual Harassment) training, the Credibility Assessments Training Document and the Standard of Proof Training Document. The interview with the investigative staff confirmed he completed the specialized investigator training, via the NIC training. A review of documentation indicated nineteen agency investigators completed the specialized training.

115.234 (b): D1-8.13, page 8 states investigators assigned to investigate offender sexual abuse allegations shall receive specialized PREA investigator training. The agency utilizes the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training curriculum. In addition, the agency provides additional training to investigators via the PREA Investigations (Sexual Harassment) training, the Credibility Assessments Training Document and the Standard of Proof Training Document. A review of the NIC Conducting Sexual Abuse Investigations in a

	Confinement Setting training confirmed that it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interview with the investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated nineteen agency investigators completed the specialized training. 115.234 (c): The PAQ indicated the agency maintains documentation showing that investigators have completed the required training and nineteen investigators have completed the training. A review of documentation confirmed nineteen investigators completed the specialized training and were issued a training certificate through the NIC. 115.234 (d): The auditor is not required to audit this provision. Based on a review of the PAQ, D1-8.13, National Institute of Corrections (NIC) – Investigating Sexual Abuse In a Confinement Setting, Standard of Proof Training Document, PREA Investigations (Sexual Harassment) Training Curriculum, Credibility Assessments Training Document, Investigator Training Records as well as the interviews with the investigators, this standard appears to be compliant.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire Findings (By Provision): 115.235 (a): The PAQ and communication with the PCM indicated that this provision does not apply as the agency does not have medical and mental health

	practitioners who work regularly in its facilities. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required. No files were reviewed and no interviews were conducted. 115.235 (b): The PAQ and communication with the PCM indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities. 115.235 (c): The PAQ and communication with the PCM indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities. All services are provided in the community and as such no training is required. 115.235 (d): The PAQ and communication with the PCM indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required. Based on a review of the PAQ and communication with the PCM, this standard appears to be not applicable and as such compliant.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Poplar Bluff CSC Standard Operating Procedure – PREA 5. Risk of Victimization and Abusiveness Screening Tool 6. Risk of Victimization and Abusiveness Screening Tool Instructions

7. Resident Risk Assessment and Reassessment Documents

8. Staff Training

Interviews:

1. Interview with Staff Responsible for Risk Screening

2. Interviews with Random Residents

3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area

2. Observations of Resident File Location

Findings (By Provision):

115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. D1-8.13, page 9 states facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment. All offenders shall be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other offenders or sexual abusiveness towards other offenders in accordance with the institutional services procedure regarding offender housing assignments, transgender and intersex offenders and the probation and parole procedures regarding housing assignments, transgender and intersex clients, and contracted residential facilities. P4-4.5, page 3 states the client shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool form (Attachment B) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client's arrival, including administrative segregation placements. Poplar Bluff CSC Standard Operating Procedure - PREA states that a PPA/II will assess the resident using the Risk of Victimization and Abusiveness Screening Tool for to identify those at risk for being sexually abusive or sexually abused. The form will be completed prior to a resident's initial bunk placement. The auditor was provided a demonstration of the initial risk assessment. The initial risk assessment is completed in the intake area, one-on-one. Staff complete the initial risk screening on paper and then the responses are entered into the electronic system. Staff ask all questions on the paper form. The paper files are then placed in the residents folder in the control

room. The initial risk assessment is based on self-disclosure information only. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness upon intake. Interviews with ten residents that arrived within the previous twelve months indicated nine were asked questions related to risk of victimization and abusiveness at intake. Immediately following the on-site portion of the audit, the facility developed a process to ensure the initial risk assessment included a review of resident file information to confirm response. The facility provided training that was conducted with the staff who conduct the risk screening. Further, the auditor conducted a phone interview with the staff who conduct the risk screening and confirmed the updated process.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. P4-4.5, page 3 states the client shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool form (Attachment B) to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the client's arrival, including administrative segregation placements. The PAQ and further communication with the PC indicated that 126 residents were screened within 72 hours over the previous twelve months. This indicates that over 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. He stated the initial is done on the same day as they arrive. Interviews with ten residents that arrived within the previous twelve months indicated nine were asked questions related to risk of victimization and abusiveness the first day they arrived. A review of twelve resident files of those that arrived in the previous twelve months indicated all twelve had an initial risk screening within 72 hours of arrival. It should be noted all were done the day of arrival.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Risk of Victimization and Abusiveness Screening Tool indicates it has a risk of victimization factors section and a risk of abusiveness factors section. The risk of victimization factors section includes ten yes or no questions, including: disability, age, stature, prior incarceration, exclusively non-violent criminal history, prior or current conviction for sex offenses, sexual preference (confirmed or perceived as), gender identity (confirmed or perceived as), prior sexual victimization, and perception of vulnerability. The form outlines the criteria to determine if the resident is at risk of victimization through a tally system or a yes response to specific questions. The risk of abusiveness factors section has three questions, including: prior sexual abuse, violent criminal history, and any prior institutional violence or sexual abuse. The form outlines the criteria to determine if the resident is at risk of abusiveness

through a yes response to specific questions. A review of the Risk of Victimization and Abusiveness Screening Tool Instructions confirms that it provides direction on how to complete the form, including when to select a yes response. The directions outline questions to ask as well as information to review in the resident's file. During the on-site portion of the audit, the auditor viewed the high risk victim and high risk abuser lists and noted a large number on the lists. The auditor reviewed the risk screening tool scoring and noted that it was not appropriate for the community confinement setting. The PC immediately took corrective action and determined the appropriate scoring needed for the community confinement setting. The PC updated the scoring system and provided the updated risk screening form and training documents to the facility. The facility went back and scored all current residents using the updated risk screening tool. Based on the documents provided the tool was updated and is adequate and appropriate.

115.241 (d): A review of the Risk of Victimization and Abusiveness Screening Tool indicates it has a risk of victimization factors section and a risk of abusiveness factors section. The risk of victimization factors section includes ten yes or no questions, including: disability, age, stature, prior incarceration, exclusively non-violent criminal history, prior or current conviction for sex offenses, sexual preference (confirmed or perceived as), gender identity (confirmed or perceived as), prior sexual victimization, and perception of vulnerability. The form outlines the criteria to determine if the resident is at risk of victimization through a tally system or a yes response to specific questions. A review of the Risk of Victimization and Abusiveness Screening Tool Instructions confirms that it provides direction on how to complete the form, including when to select a yes response. The directions outline questions to ask as well as information to review in the resident's file. The staff responsible for the risk screening advised the risk screening is completed through the questionnaire. The staff stated he asks all questions on the form, including: any disabilities, exclusively non-violent criminal history, sexual orientation, gender identity, prior sexual abusiveness, prior sexual victimization, institutional sexual abuse, domestic violence, physical violence, physical stature, age, height and weight. He confirmed the elements under this provision are part of the risk assessment.

115.241 (e): A review of the Risk of Victimization and Abusiveness Screening Tool indicates it has a risk of victimization factors section and a risk of abusiveness factors section. The risk of abusiveness factors section has three questions, including: prior sexual abuse, violent criminal history, and any prior institutional violence or sexual abuse. The form outlines the criteria to determine if the resident is at risk of abusiveness through a yes response to specific questions. A review of the Risk of Victimization and Abusiveness Screening Tool Instructions confirms that it provides direction on how to complete the form, including when to select a yes response. The directions outline questions to ask as well as information to review in the resident's file. The staff responsible for the risk screening advised the risk

screening is completed through the questionnaire. The staff stated he asks all questions on the form, including: any disabilities, exclusively non-violent criminal history, sexual orientation, gender identity, prior sexual abusiveness, prior sexual victimization, institutional sexual abuse, domestic violence, physical violence, physical stature, age, height and weight. He confirmed the elements under this provision are part of the risk assessment.

115.241 (f): The PAQ indicated that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. D1-8.13, page 9 states offenders shall be reassessed within 30 days of arrival and shall consider additional relevant information received by the facility after the initial intake screening. P4-4.5, page 3 states clients shall be reassessed utilizing the Risk of Victimization and Abusiveness Screening Tool form (Attachment B) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Poplar Bluff CSC Standard Operating Procedure – PREA states the resident will be reassessed by the Probation or Parole Officer or IAC, utilizing the Risk of Victimization and Abusiveness Screening Tool form within 30 days from the date of initial assessment, and any other time when warranted based upon the receipt of additional relevant information or following an incident of abuser or victimization. The PAQ and further communication with the PC indicated that 126 residents were reassessed within 30 days, which is equivalent to over 100% of the residents who arrived and stayed longer than 30 days. The risk reassessment is completed by the IPA in a private office setting. The reassessment is similar to the initial risk assessment. Prior to meeting with the resident, the staff review the resident's file, including criminal history. The staff then ask the resident the questions on the risk screening form. The staff noted that if the file is different from the responses provided, she inquires with the resident about their response related to the information in the file. Interviews with ten residents that arrived within the previous twelve months indicated five had been asked questions related to their risk of victimization and abusiveness a few weeks to 30 days after they arrived. The interview with the staff responsible for the risk screening stated that residents are reassessed within 20 days of arrival. A review of twelve resident files of those that arrived in the previous twelve months indicated all twelve had a reassessment completed within 30 days of arrival.

115.241 (g): The PAQ indicated that the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. D1-8.13, page 9 states the offender's risk level shall be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual

victimization or abusiveness. P4-4.5, page 3 states clients shall be reassessed utilizing the Risk of Victimization and Abusiveness Screening Tool form (Attachment B) within 30 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Poplar Bluff CSC Standard Operating Procedure – PREA states the resident will be reassessed by the Probation or Parole Officer or IAC, utilizing the Risk of Victimization and Abusiveness Screening Tool form within 30 days from the date of initial assessment, and any other time when warranted based upon the receipt of additional relevant information or following an incident of abuser or victimization. The interview with staff responsible for the risk screening confirmed that residents are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Interviews with ten residents that arrived within the previous twelve months indicated five had been asked questions related to their risk of victimization and abusiveness more than once. A review of twelve resident files of those that arrived in the previous twelve months indicated all twelve had a reassessment completed within 30 days of arrival. There were zero sexual abuse allegations reported during the previous twelve months and as such no reassessments due to incident of sexual abuse were required.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the residents' own perception of vulnerability. D1-8.13, page 9 states the offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment. P4-4.5, page 3 states clients shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to respond or not disclose information related to the risk screening.

115.241 (i): Resident risk assessments are electronic and paper. Paper risk assessments are maintained in the residents record in the control room. All staff have access to these files due to the limited number of staff and staff serving many roles, including conducting risk assessments. Electronic risk assessments access is limited, however all facility staff have access as they serve multiple roles and all complete risk assessments. The interview with the PREA Compliance Manager indicated that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited.

	Based on a review of the PAQ, D1-8.13, P4-4.5, Risk of Victimization and Abusiveness Screening Tool, Risk of Victimization and Abusiveness Screening Tool Instructions, Assessment and Reassessment Documents, Staff Training, and the information from interviews with the PREA Compliance Manager, staff responsible for conducting the risk screenings and random residents, this standard appears to be compliant.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.4 Transgender or Intersex Clients 4. P4-4.5 Prison Rape Elimination Act 5. P4-7.18 Housing Assignments at Transition Centers 6. Poplar Bluff CSC Standard Operating Procedure – PREA 7. Transgender Offender Protocol 8. Transgender Committee Review 9. LGBTI Resident Housing Assignments Interviews: 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with the PREA Compliance Manager 4. Interviews with Transgender and Intersex Residents 5. Interviews with Lesbian, Gay and Bisexual Residents

Site Review Observations:

1. Shower Area in Housing Units

Findings (By Provision):

115.242 (a): The PAQ indicated that the agency/facility uses information from the risk screening required by §115.41 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. D1-8.13, page 10 states housing, cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding offender housing assignments, transgender and intersex offenders, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities. P4-4.5, page 4 states the screening information shall be used in the CSC or TC to guide housing, work detail, education, segregation placements, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. Page 5 further states the CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review. Poplar Bluff CSC Standard Operating Procedure - PREA outlines the bunks designated for those at high risk of victimization and those at high risk of abusiveness. The interview with the PREA Compliance Manager indicated that the information from the risk screening is utilized for housing. She stated they ensure they are not putting a victim with an abuser. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing. He stated they use it for bed assignments and they place high risk victims in one area of the unit and high risk abusers in another area. During the on-site portion of the audit, the auditor viewed the high risk victim and high risk abuser lists and noted a large number on the lists. The auditor reviewed the risk screening tool scoring and noted that it was not appropriate for the community confinement setting. The PC immediately took corrective action and determined the appropriate scoring needed for the community confinement setting. The PC updated the scoring system and provided the updated risk screening form and training documents to the facility. The facility went back and scored all current residents using the updated risk screening tool. The facility provided the updated high risk victim and high risk abuser lists. The auditor confirmed the updated information was utilized for bed assignments. It should be noted there is only one housing unit and residents do not have work or programming assignments at the facility as they work out in the community.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. D1-8.13, page 10 states housing, cell, bed, education, and programming assignments shall be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This shall be in accordance with the institutional services procedures regarding offender housing assignments, transgender and intersex offenders, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities. P4-4.5, page 4 states the screening information shall be used in the CSC or TC to guide housing, work detail, education, segregation placements, and program assignments with the goal of keeping separate clients at risk of being sexually victimized from clients at risk of being sexually abusive. Page 5 further states the CAO/designee shall make individualized determinations about how to ensure the safety of each client based on the screening review. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for housing. He stated they use it for bed assignments and they place high risk victims in one area of the unit and high risk abusers in another area.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. D1-8.13, page 9 states housing assignment for transgender and intersex offenders shall be made in accordance with the institutional services and probation and parole procedures regarding housing assignments. P4-4.4, page 2 states the client shall be originally housed according to the PREA Risk of Victimization and Abusiveness Screening Instrument (Attachment A), in a bed with optimal camera coverage. Prior to a permanent bed assignment, the PREA Site Coordinator and the Transgender Committee shall meet to determine the most appropriate placement. P4-4.5, page 4 states when making assignment decisions for a transgender or an intersex person, the CAO/designee shall consider the following: the client's gender self-identification, and the effects of placement on the client's health and safety, and the health and safety of other clients. P4-7.18, page 2 states the Transgender Committee is responsible for determining a permanent housing assignment for each transgender or intersex resident, and prior to this assignment shall meet with each resident to determine his vulnerability within the general population and length of time living as the acquired gender. A review of the Transgender Offender Protocol notes that there are three different committees, one at the facility level, one at the agency level and one at the clinical level. The document outlines that the facility level team meets with the transgender or intersex individual within ten days to review health and safety needs. The interview with the PREA Compliance Manager indicated that they have not had any transgender or intersex residents and as such they would refer back to policy related to housing and programming. She stated she believed policy outlines that a committee/group would convene to discuss and determine housing and programming. The facility has not had a transgender or

intersex resident, however the auditor reviewed the Transgender Committee Review form which includes a case by case review. The form notes the offenders view of vulnerability, historical overview of offender, institutional adjustment, programming assignments, health care status, accommodations, security concerns, etc.

115.242 (d): The interviews with the PCM confirmed that the residents' views with respect to his/her safety would be given serious consideration. The staff responsible for the risk screening stated transgender and intersex residents' views with respect to their safety are given serious consideration. There were zero transgender or intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (e): P4-4.4, page 2 states the client shall be given the opportunity to shower separately from other clients. During the tour the auditor observed that the resident shower was a group shower and had saloon style doors. Additionally, a single shower was available for those who are disabled and had a curtain. It was noted that residents have an unwritten rule that only one residents showers at a time in the group shower. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PCM stated they would set up a schedule so transgender or intersex residents could shower separately. There were zero transgender or intersex residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): The interview with the PC and PCM confirmed that the agency is not subject to a consent decree and that there is not a dedicated facility for LGBTI residents. The PC stated LGBTI offenders are housed case by case, just like all other offenders. He advised housing LGBTI offenders in one facility, unit or wing would violate policy and the PREA standards. The interview with the one LGB resident confirmed LGBTI residents are placed in one wing, housing unit or facility based on gender identity and/or sexual preference. The facility only has one housing unit and as such as residents, regardless of gender identity or sexual preference, are housed in this unit.

Based on a review of the PAQ, D1-8.13, P4-4.4, P4-4.5, P4-7.18, Poplar Bluff SOP, Transgender Offender Protocol, Transgender Committee Review, LGB Resident Housing Assignments, observations made during the tour and information from interviews with the PC, PCM. staff responsible for conducting the risk screening and LGB residents, this standard appears to be compliant.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. D1-8.9 Crime Tips and PREA Hotlines 5. Statutes of Missouri 217.410 6. Poplar Bluff CSC Resident Handbook 7. PREA Brochure 8. PREA Posters 9. PREA Hotline Poster 10. Department of Public Safety (DPS) Poster 11. Employee Handbook 12. C.L.E.A.R. Line Poster 13. Memorandum of Understanding with Department of Public Safety Crime Victims Unit 14. Photos of Updated DPS Poster Interviews: 1. Interview with the PREA Compliance Manager 2. Interviews with Random Staff 3. Interviews with Random Residents Site Review Observations: 1. Observation of PREA Reporting Information 2. Testing of Internal Reporting Hotline

3. Testing of the External Reporting Entity

Findings (By Provision):

115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. D1-8.13, pages 11-12 state each facility shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to: informal resolution request (IRR), grievance process, or offender complaint, a staff member, PREA hotline, and advocacy agency. Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crime Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. A review of the Offender Rulebook and Resident Handbook noted that they outline reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Brochure noted that it includes information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Posters indicated they included information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the DPS Poster noted that it included information on reporting mechanism, including to staff, through the PREA hotline, and anonymously to DPS. The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The building had numerous PREA Posters in English and Spanish on letter size paper. The Third Party Poster was also observed on letter size paper in English. The auditor tested the internal reporting mechanism during the tour. Residents have phones outside of the housing unit, which are free and not monitored or recorded. Additionally, residents can utilize their personal cell phones when off-site. The auditor called the PREA hotline on May 29, 2025 from the resident phone and left a message. The auditor was able to call the number without any additional information (such as a pin). The auditor was provided confirmation on the same date that the call was received. Interviews with ten residents confirmed that all ten were aware of methods to report sexual abuse and sexual harassment. Residents stated they could report verbally to any staff, through the hotline and through a third party (family). Interviews with eleven

random staff indicated residents can report to any staff member and through the hotline. It should be noted that the PC initiated a change in policy language to remove the advocacy agency as a reporting mechanism.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. D1-8.13, page 12 states offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crime Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit shall be treated as confidential mail and not subject to examination. Facilities shall maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity. The MOU with the Department of Public Safety notes that DPS shall receive written correspondence of allegations of offender sexual abuse and harassment and that all written correspondence shall be documented in the SharePoint application. DPS staff will send alerts to agency staff notifying of the correspondence and recorded information in SharePoint. A review of the Offender Rulebook and Resident Handbook noted that they outline reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Brochure noted that it includes information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. A review of the PREA Posters indicated they included information on reporting methods, including verbally or in writing to staff, through the PREA hotline (number provided) and/or by writing to the DPS Crime Victims Services Unit. The DPS Poster states incarcerated people can report anonymously by writing to DPS and that residents do not have to include their name or number on the envelope and the envelope does not need to be sealed. The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The building had numerous PREA Posters in English and Spanish on letter size paper. The Third Party Poster was also observed on letter size paper in English. The auditor did not observe any information posted related to the external reporting mechanism with the ability to remain anonymous (Department of Public Safety Poster). During the on-site portion of the audit and immediately following the on-site portion of the audit, the facility updated the Department of Public Safety (DPS) Poster. The facility also added the updated DPS information to the Rulebook. The documents were updated to identify DPS as an external reporting entity. They also advised that residents can remain anonymous when reporting to DPS though leaving their name and number off the envelope and sealing the envelope (confidential mail). The facility provided a copy of the updated Resident Rulebook as well as photos of the updated DPS Poster displayed in numerous locations around the facility. During the tour the auditor observed the resident mail process. Residents provide sealed outgoing mail to staff. Staff do not open or monitor outgoing mail. Additionally, residents can take any mail

to a post office when off-site. Incoming mail is received by facility staff. Residents open the mail in front of staff so they can verify it does not contain anything unauthorized. Additionally, residents can have mail sent to an outside address and can obtain the mail when off-site. The auditor also tested the external reporting mechanism via a letter to DPS. The auditor sent a letter to DPS from Southeast Correctional Center. Because the process is the same across all agency facilities, the auditor did not complete another test. The auditor obtained an envelope and sent a letter to DPS on May 27, 2025. The auditor observed the mailing address on the numerous PREA Posters. Residents are able to remain anonymous as the letter does not require a return address. Additionally, it does not require postage. The DPS is utilized for numerous services and as such they are not just an organization to report sexual abuse. The auditor received confirmation on June 10, 2025 that the letter was received by the Department of Public Safety. The Program Specialist advised she would scan the letter and sent it to the MO DOC PREA office. She further confirmed that incarcerated individuals can remain anonymous when reporting. The interview with the PCM indicated they have posters up that tell residents how to report. She stated they tell them they do not have to go through staff, but she was unsure of the external reporting entity. She further stated that if residents reported to Haven House, they would contact the facility and let them know and if they reported to any other person they would contact the facility. Interviews with ten residents indicated nine were aware of the external reporting mechanism and all ten knew they could anonymously report.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. D1-8.13, page 12 states all allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. Page 14 further states all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. Statue 217.410 states when an employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the Director. The Employee Handbook, page 21 advises that when an employee has reason to believe that an offender has been abused, they must immediately report all pertinent details in writing to their supervisor or chief administrative officer. During the tour, the auditor asked staff to demonstrate how they would document a verbal report of sexual abuse. Staff indicated all verbal reports would be documented in an incident report. The incident report would then be emailed to the supervisor. Interviews with eleven random staff indicated they were aware that residents could report verbally, in writing, anonymously and through a third party. The staff stated that verbal reports are

	documented in an incident report. There were zero allegations of sexual abuse or sexual harassment reported during the previous twelve months and as such there were no written reports to review. 115.251 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents and staff are informed of these procedures through policy, the employee handbook, posters, handouts and the agency website. A review of C.L.E.A.R Line Poster notes that staff are advised there is a zero tolerance and they can report through the chain of command, by contacting the Civil Rights Officer, and by calling the C.L.E.A.R. line to make a confidential report to the Office of Professional Standards (phone and email provided). The Employee Handbook, page 6 also states that staff can make a confidential report by calling the reporting hotline. Interviews with eleven random staff indicated all eleven were aware that they could privately report sexual abuse of a resident. Staff stated they can report to the C.L.E.A.R hotline. Based on a review of the PAQ, D1-8.13, P4-4.5, D1-8.9, Statute of Missouri 217.410, Resident Handbook, PREA Brochure, PREA Posters, PREA Hotline Poster, DPS Poster, Employee Handbook, C.L.E.A.R. Line Poster, Memorandum of Understanding with Department of Public Safety Crime Victims Unit, Photos of Updated DPS Poster, observations during the tour, and information from interviews with the PC, random residents and random staff, this standard appears to be compliant.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D5-3.2 Offender Grievance 4. P7-1.7 Complaints, Inquiries and Investigations 5. Informal Resolution Request Form 6. Offender Grievance Form 7. Offender Grievance Appeal Form

8. Sexual Abuse Grievance Log

Findings (By Provision):

115.252 (a): The PAQ indicated that the agency is not exempt from this standard.

115.252 (b): The PAQ indicated that agency policy or procedure allows a residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. D1-8.13, page 12 states the department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. P7-1.7, page 7 states no time limit shall be imposed on complaints regarding offender sexual abuse or harassment. Page 8 advises the client shall not be required to use any informal compliant process involving sexual abuse or harassment.

115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. D1-8.13, pages 12-13 state the department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. P7-1.7, page 7 states such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (d): The PAQ stated that agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ and further

communication with the PCM indicated there were zero sexual abuse grievance filed in the previous twelve months. The PAQ further indicates that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. P7-1.7, page 7 states the agency shall 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. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse or sexual harassment grievances filed.

115.252 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further indicated that agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the residents' decision to decline. P7-1.7, pages 7-8 state the staff member who receives information, including third party information, or a Client Complaint Form (Attachment A) involving offender sexual abuse or harassment shall notify the shift supervisor/designee immediately who shall initiate the Coordinated Response to Offender Sexual Abuse Response Protocol CRCs/CSCs located on the department web site in accordance with departmental procedure regarding offender sexual abuse and harassment. If the client declines to have the request processed on his or her behalf, the agency shall document the client's decision. The PAQ and further communication with the PCM indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and which contained the residents decision to decline. There were zero sexual abuse or sexual harassment grievances filed.

115.252 (f): The PAQ indicated that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. P7-1.7, page 8 states complaints that are considered an emergency shall require an initial written response to the client within 48 hours. The initial response shall document the determination of whether the client is in substantial risk of imminent sexual abuse as well as the action taken in response. The final decision regarding emergency complaints shall be issued to the client within five calendar days. The final decisions shall document the determination as to whether the client was in substantial risk of imminent sexual abuse as well as the action taken in response to the emergency complaint. The PAQ and further

	communication with the PCM indicated there were zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. There were zero sexual abuse or sexual harassment grievances filed. 115.252 (g): The PAQ indicated that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The PAQ indicated that zero residents have been disciplined for filing a grievance in bad faith in the previous twelve months. Based on a review of the PAQ, D1-8.13, D5-3.2, P7-1.7, Informal Resolution Request Form, Offender Grievance Form, Offender Grievance Appeal Form, Sexual Abuse Grievance Log, this standard appears to be compliant.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Advocacy Poster 4. Haven House Poster 5. Consent for Facility Advocacy Services Form 6. Memorandum of Understanding with Haven House 7. Photos of Updated Haven House Poster Interviews: 1. Interviews with Random Residents Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. D1-8.13, page 21 states facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. A review of the MOU with Haven House indicates that they will respond to offender victims of the same basis as existing community standards providing direct services including crisis intervention, emotional support, information, referrals, and ensure the offender victims interests are represented, their wishes are respected, and their rights upheld in accordance with PREA standards. A review of the PREA Advocacy Poster notes that it includes contact information (phone number and mailing address) for JDI and RAINN. The Haven House Poster included the phone number and mailing address to Haven House. The Consent for Facility Advocacy Services notes that residents sign a form that outlines that confidentiality is maintained during advocacy sessions with the exceptions of: plans to harm self or others, plans for escape, risk of suicide and/or disclosure of information that creates a concern for safety and security of the facility or staff. The auditor observed PREA information posted throughout the facility, including in the housing unit and in common areas. The auditor viewed the PREA Advocacy Poster on letter size paper in English and Spanish. Additionally, the facility had information on Haven House (phone number and mailing address), the local rape crisis center, posted on letter size paper in English and Spanish. While the PREA Advocacy Poster and Haven House Poster were observed, they were only posted on one bulletin board within the facility. Additionally, the phone number on the Haven House Poster was incorrect. During the on-site portion of the audit and immediately following the on-site portion of the audit, the facility updated the Haven House Poster. The facility also added information from the Haven House and PREA Advocacy Poster to the Resident Rulebook. The Haven House Poster was updated to include the correct phone number, that letters to the organization are confidential, and that calls may be monitored. The facility provided a copy of the updated Resident Rulebook as well as photos of the updated Haven House Poster displayed in numerous locations around the facility. The auditor attempted to contact Haven House via the resident phones outside the housing unit. The auditor called the number on the Haven House Poster. The auditor received an automated message advising that the phone number was disconnected. Interviews with ten residents indicated three were aware of outside victim advocacy services and seven were provided a telephone number and mailing address to a local, state and/or national rape crisis center. During the on-site portion

of the audit the facility discovered the number on the Haven House Poster had a transposed number. The facility corrected the issue immediately and updated the Haven House Poster. The updated Haven House Poster was displayed within the facility. The auditor tested the number again from the resident phones. The auditor reached a staff member from Haven House who confirmed they can provide emotional support services, correspondence services and outreach services.

115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. D1-8.13, pages 20-21 state offenders shall be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution. Before being given access to a victim advocate, the offenders shall be informed of the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. A review of the MOU with Haven House indicates that they will respond to offender victims of the same basis as existing community standards providing direct services including crisis intervention, emotional support, information, referrals, and ensure the offender victims interests are represented, their wishes are respected, and their rights upheld in accordance with PREA standards. A review of the PREA Advocacy Poster notes that it includes contact information (phone number and mailing address) for JDI and RAINN. The PREA Advocacy Poster advised that mail to JDI and RAINN is confidential. A review of the DPS Poster notes that it includes the phone number and mailing address to JDI and the mailing address for RAINN. The DPS Poster advises that letters to JDI and RAINN will be confidential and not subject to examination by staff. Further, the DPS Posters states that phone calls may be monitored. The Consent for Facility Advocacy Services notes that residents sign a form that outlines that confidentiality is maintained during advocacy sessions with the exceptions of: plans to harm self or others, plans for escape, risk of suicide and/or disclosure of information that creates a concern for safety and security of the facility or staff. During the tour the auditor observed the resident mail process. Residents provide sealed outgoing mail to staff. Staff do not open or monitor outgoing mail. Additionally, residents can take any mail to a post office when off-site. Incoming mail is received by facility staff. Residents open the mail in front of staff so they can verify it does not contain anything unauthorized. Additionally, residents can have mail sent to an outside address and can obtain the mail when off-site. Interviews with ten residents indicated three were aware of outside victim advocacy services and seven were provided a telephone number and mailing

	address to a local, state and/or national rape crisis center. Most advised they knew where the contact information is but did not need it so did not know specifics. During the on-site portion of the audit and immediately following the on-site portion of the audit, the facility updated the Haven House Poster. The facility also added information from the Haven House and PREA Advocacy Poster to the Resident Rulebook. The Haven House Poster was updated to include the correct phone number, that letters to the organization are confidential, and that calls may be monitored. The facility provided a copy of the updated Resident Rulebook as well as photos of the updated Haven House Poster displayed in numerous locations around the facility. 115.253 (c): The PAQ indicated that the facility maintains a memorandum of understanding or other agreement with a community service provider that is able to provide residents with emotional support services related to sexual abuse. The PAQ indicated the facility maintains copies of the agreement. D1-8.13, page 21 states each facility shall attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. A review of the MOU with Haven House indicates that they will respond to offender victims of the same basis as existing community standards providing direct services including crisis intervention, emotional support, information, referrals, and ensure the offender victims interests are represented, their wishes are respected, and their rights upheld in accordance with PREA standards. The MOU was executed in February 2025. Based on a review of the PAQ, D1-8.13, PREA Advocacy Poster, Haven House Poster, Consent for Facility Advocacy Services Form, Memorandum of Understanding with Haven House, Photos of Updated Haven House Poster, observations made during the tour and interviews with random residents, this standard appears to be compliant. Recommendation The auditor highly recommends that the facility update the current MOU to include specific language related to the services under this provision.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard

	Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Third Party Reporting Poster Findings (By Provision): 115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. D1-8.13, page 12 states all allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure. Page 14 further states all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. A review of the agency's website confirms that it includes information on reporting and outlines that friends and family may report offender sexual abuse and harassment by calling (573-526-9003), by writing the PREA Unit (address included) or by emailing (DOC.PREA@doc.mo.gov). A review of the PREA Third Party Reporting Poster notes that it that friends, family, or anyone outside of the facility may report sexual abuse or harassment for an offender. It advises to contact the PREA Unit by calling, writing or emailing (contact information provided). Third party reporting information was observed in the lobby/visitation area via the Third Party Reporting Poster. The Third Party Reporting Poster was on letter size paper in English and Spanish. The auditor tested the third party reporting mechanism on May 27, 2025. The auditor sent an email to the email address found on the agency website. The auditor received confirmation from the PREA Coordinator on the same date that the email was received directly by him and that the information would be forwarded to the facility PREA Compliance Manager to initiate the coordinated response and submit an RFI for investigation. Based on a review of the PAQ, D1-8.13, PREA Third Party Reporting Poster, the agency website, and the functional test, this standard appears to be compliant.
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115.261	Staff and agency reporting duties
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D2-11.10 Staff Member Conduct 4. D1-8.1 Office of Professional Standards 5. Statue of Missouri 630.005 6. Statue of Missouri 630.163 7. Statue of Missouri 210.115 8. Investigative Report Interviews: 1. Interviews with Random Staff 2. Interview with the Director 3. Interview with the PREA Coordinator Findings (By Provision): 115.261 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. D1-8.13, page 6 states failure to report offender sexual abuse is a Class A misdemeanor in accordance with Missouri state statute. All staff members, shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. D2-11.10, page 6 states staff members having knowledge of any instances of offender or resident

abuse or sexual contact with an offender or resident shall immediately report such to the office of professional standards in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Interviews with eleven staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. D1-8.13, page 6 states staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions. D1-8.1, page 4 states after a request for investigation has been submitted, all staff members having knowledge of the matters under investigation are prohibited from disclosing any details about the matters except during interviews that occur as part of an investigation or inquiry. Interviews with eleven staff confirmed that policy requires that they report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, any retaliation related to reporting sexual abuse and/or information related to any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff advised they would report to the supervisor.

115.261 (c): The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): The PC stated they have mandatory reporting laws and they would conduct an investigation and report as necessary. The Director stated that all allegations reported by a vulnerable adult (they do not house anyone under eighteen) would go through the same investigative process. He further stated they would also notify any necessary local agency, including the police department.

115.261 (e): D1-8.13, page 6 states failure to report offender sexual abuse is a Class A misdemeanor in accordance with Missouri state statute. All staff members, shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and

	any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. D2-11.10, page 6 states staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the office of professional standards in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. The interview with the Director confirmed that all allegations are reported to the designated agency investigators. There were zero sexual abuse or sexual harassment allegations reported during the previous twelve months and as such no allegations were reported to investigators. It should be noted the auditor reviewed the one allegation reported in 2023 and confirmed it was referred to agency investigators. Based on a review of the PAQ, D1-8.13, D2-11.10, D1-8.1, Statue of Missouri 630.005, Statue of Missouri 630.163, Statue of Missouri 210.115, investigative report and information from interviews with random staff, the PREA Coordinator and the Director, this standard appears to be compliant.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Coordinated Response for Poplar Bluff Community Supervision Center to Offender Sexual Abuse Response Protocol CSCs/TCs Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interviews with Random Staff

	Findings (By Provision): 115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). D1-8.13, page 15 states when an offender is believed to be in substantial risk of victimization, the shift supervisor shall assess the offender to ensure housing in the least restrictive housing. P4-4.5, page 4 states if a staff member has a reasonable belief a client is at risk for sexual abuse, or a third party or anonymous report is received, then action shall be taken to protect the client. Page 6 further states the staff member shall immediately move the client to a safe place and contact the shift supervisor to initiate the Coordinated Response to Offender Sexual Abuse Response Protocol CRC/CSCs in accordance with the department's procedure regarding PREA. The PAQ and further communication with the PCM indicated there were zero instances where the facility learned that a resident was an imminent risk of substantial risk of sexual abuse. The Agency Head Designee stated that if an offender was at imminent risk of sexual abuse they would separate the offender and get them to a safe place. He advised, if appropriate, they would change housing and/or work assignments, offer protective custody, etc. The Agency Head Designee noted staff are trained to use the least restrictive manner possible for separation. The Director stated that if a resident was deemed at substantial risk of imminent sexual abuse they would get the person safe immediately. He stated they only have one housing unit so they would review bunk placement. He advised that they also have the option of releasing someone to the community or transferring to a different facility. Interviews with random staff indicated if a resident was at imminent risk of sexual abuse they would separate or isolate that person to protect them and contact a supervisor. A review of documentation indicated there were zero residents at imminent risk of sexual abuse. Based on a review of the PAQ, D1-8.13, P4-4.5, Coordinated Response, and information from interviews with the Agency Head Designee, Director and random staff, this standard appears to be compliant.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. D1-8.13 Offender Sexual Abuse and Harassment
3. P4-4.5 Prison Rape Elimination Act
4. Resident Risk Assessments

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director

Findings (By Provision):

115.263 (a): The PAQ indicated that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. D1-8.13, pages 14-15 state upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation. The PAQ and further communication with the PCM indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. D1-8.13, pages 14-15 state upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation. A review of documentation confirmed there were zero residents who

reported sexual abuse that occurred at another facility.

115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. D1-8.13, pages 14-15 state upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Upon receiving an allegation that an offender was sexually abused while confined at a facility outside of the department, the CAO or designee or the appropriate office shall ensure the outside facility is notified of the allegation within 72 hours. The CAO or designee shall maintain documentation of the allegation received and when the outside facility was notified with the allegation. A review of documentation confirmed there were zero residents who reported sexual abuse that occurred at another facility.

115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. D1-8.13, page 14 states upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offender sexual abuse shall be immediately initiated as outlined in this procedure. Page 18 further states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The PAQ and further communication with the PCM indicated there were zero allegations reported to them from another facility in the previous twelve months. The Agency Head Designee stated that they have site PREA Compliance Managers, who would serve as the point of contact at each facility. He advised that if they received an allegation from another agency/facility they would follow the same investigative process, where they would complete the checklist, have the information entered into IRIS and have an investigator assigned. The Agency Head Designee noted he did not know any specific examples, but know they have received these allegations in the past and they were investigated. The interview with the Director indicated that if an allegation is received from another facility/agency they initiate an investigation. He advised they had not received any allegations from another agency/facility. There were zero sexual abuse or sexual harassment allegations received from another agency/facility.

Based on a review of the PAQ, D1-8.13, P4-4.5, Resident Risk Assessments, and interviews with the Agency Head Designee and the Director, this standard appears to be compliant.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Coordinated Response for Poplar Bluff Community Supervision Center to Offender Sexual Abuse Response Protocol CSCs/TCs 5. PREA Training Curriculum Interviews: 1. Interview with First Responders 2. Interviews with Random Staff Findings (By Provision): 115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. D1-8.13, page 14 states in the event of an allegation of a penetration act, the first responder shall take the following steps. Ensure the safety of the victim. Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence

including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift supervisor shall make telephone notifications and respond as outlined in the facility's coordinated response to offender sexual abuse protocol. P4-4.5, page 5 states when learning of an allegation of offender sexual abuse involving a penetration event which occurred within the last 92 hours, the staff member shall: immediately move the client to a safe place, immediately contact law enforcement, contact other emergency services as needed, request the victim to not take any action which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating until seen by the investigator, and contact the shift supervisor to initiate the Coordinated Response to Offender Sexual Abuse Response Protocol CRC/CSCs utilizing the PREA Allegation Notification Penetration/Non-Penetration Event Checklist CRC/CSC form (Attachment C), in accordance with the department's procedure regarding PREA. A review of the PREA Training Curriculum confirms that staff are provided training on the first responder duties outlined under this standard (pages 25-26). The PAQ and further communication with the PCM indicated there were zero sexual abuse allegations reported and as such no first responder duties were necessary. The first responder advised that duties include roping off the area, separating the individuals, not allowing the residents to shower, drink, spit, etc., and not allowing anyone to go in the area so evidence is not destroyed. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. There were zero sexual abuse incidents and as such no first responder duties were required.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. It further indicated that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. D1-8.13, page 14 states in the event of an allegation of a penetration act, the first responder shall take the following steps. Ensure the safety of the victim. Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable. To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The shift supervisor shall make telephone notifications and respond as outlined in the facility's coordinated response to offender sexual abuse protocol. The PAQ and further communication with the PCM indicated there were zero allegations of sexual abuse reported during the previous twelve months that involved a non-security first responder. The first responder advised that duties include roping off the area, separating the individuals, not allowing the residents to shower, drink, spit, etc., and not allowing anyone to go in the area so evidence is not destroyed. Interviews with random staff indicated all eleven were familiar with first responder duties. There were zero sexual abuse

	incidents and as such no first responder duties were required. Based on a review of the PAQ, D1-8.13, P4-4.5, PREA Training Curriculum, Coordinated Response, and interviews with random staff and first responders, this standard appears to be compliant.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. Coordinated Response for Poplar Bluff Community Supervision Center to Offender Sexual Abuse Response Protocol CSCs/TCs Interviews: 1. Interview with the Director Findings (By Provision): 115.265 (a): The PAQ indicated that the facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. D1-8.13, page 14 states the CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the facility's coordinated response to offender sexual abuse protocol. A review of the Coordinator Response notes that it includes information for first responders, shift supervisor and facility leadership. It also outlines information related to outside law enforcement, community medical services, community mental health services, and victim advocacy services. The document outlines a response for incidents occurring within 72 hour and over 72 hours. It also provides contact information for interpretive services, victim advocacy and the local hospital. The interview with the Director confirmed the facility has plan

	that coordinates actions among first responder, medical, mental health, investigators and facility leadership. He advised the plan is their coordinated response. Based on a review of the PAQ, D1-8.13, Coordinated Response for Poplar Bluff Community Supervision Center to Offender Sexual Abuse Response Protocol CSCs/ TCs, and information from the interview with the Director, this standard appears to be compliant.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D2-11.6 Labor Organization 3. Agreement with Missouri Corrections Officers Association (MOCOA) 4. Agreement Service Employees International Union (SEIU) Local 1 Interviews: 1. Interview with the Agency Head Designee Findings (By Provision): 115.266 (a): The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining D2-11.6, page 4 states per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. A review of the collective bargaining agreements confirm they do not limit 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. The interview with the Agency Head Designee confirmed that the agency has a collective bargaining and the agreement does not prohibit the facility/ agency's ability to remove staff or discipline staff, up to and including termination. 115.266 (b): The auditor is not required to audit this provision. Based on a review of the PAQ, D2-11.6, Collective Bargaining Agreements, and the interview with the Agency Head Designee, this standard appears to compliant.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Assessment-Retaliation Status Check Form 5. Retaliation Monitoring Guide 6. PREA Staff Protection Against Retaliation Flyer Interviews: 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interview with Designated Staff Member Charged with Monitoring Retaliation Findings (By Provision):

115.267 (a): The PAQ indicated that the agency has 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. D1-8.13, page 13 states the PREA site coordinator shall ensure victims, individuals who report sexual abuse, and those that cooperate with offender sexual abuse investigations are monitored and protected from retaliation. P4-4.5, page 8 states victims, reporters and witnesses of offender sexual abuse shall be monitored for retaliation in accordance with the departmental procedure regarding offender sexual abuse. The PAQ indicated that the monitoring is completed by the District Administrator.

115.267 (b): D1-8.13, page 13 states following any reported incident of sexual abuse, monitoring for retaliation shall be conducted. The alleged victim and offender and staff reporters of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation (First Responders shall not be considered a reporter for the purpose of retaliation monitoring in this policy). Monitoring shall include face-to-face status checks with offender victims and reporters. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded. The PREA Site Coordinator shall ensure any offender or staff member who cooperates with a sexual abuse investigation and expresses a fear of retaliation, shall be assessed for and protected from retaliation. The Agency Head Designee stated that facilities conduct monitoring for retaliation through a 30, 60 and 90 day process. He confirmed they can take protective measures to prevent retaliation including, housing changes, facility transfers, removal of staff from contact with offender and emotional support services. The Agency Head Designee advised that if retaliation is suspected, it would be reported and investigated. He noted that they would also take action to protect the individual and ensure their safety. The Director they can take protective actions including moving a staff member, moving resident bunks, transfer of a resident or release of a resident to the community. He confirmed they can remove staff from contact and they can provide emotional support services. The staff responsible for monitoring stated her role is to follow-up with the individuals through the 30, 60 and 90 day reviews to ensure they are not having any issues. She stated she would talk to the individual to make sure there hasn't been any retaliation. The monitoring staff advised they can take protective measure to prevent retaliation, including: change beds, transferring, moving staff shifts, removing staff from contact and offering emotional support services. There were no residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported and as such no protective actions were required.

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or

treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. D1-8.13, page 13 states following any reported incident of sexual abuse, monitoring for retaliation shall be conducted. The alleged victim and offender and staff reporters of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation (First Responders shall not be considered a reporter for the purpose of retaliation monitoring in this policy). Monitoring shall include face-to-face status checks with offender victims and reporters. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded. The PREA Site Coordinator shall ensure any offender or staff member who cooperates with a sexual abuse investigation and expresses a fear of retaliation, shall be assessed for and protected from retaliation. The PAQ and further communication with the PC indicated there were zero incidents of retaliation reported. A review of Assessment/Retaliation Status Checklist form confirms that it include a section for monitoring staff and a section for monitoring offenders. The form includes checkboxes that outline the type of assessments, initial, 30 day, 60 day, 90 day or other. The individual sections notate the requirements to be reviewed for monitoring for staff and offenders (elements outlined under this provision) as well as a summary of the information obtained from the review. The interview with the Director indicated if they suspected retaliation they would stop it right there, report it and get the investigators involved. The interview with the staff member responsible for monitoring retaliation indicated she monitors for 90 days and that she would continue to monitor after if needed, until she was advised to cease the monitoring. The staff stated when she monitors she would review cameras, she would observe if anyone was more interested in that particular individuals and she would observe any interactions of staff. She confirmed she would review discipline, bed changes, job changes (in the community), staff performance reviews and staff assignments. There were zero sexual abuse allegations reported and as such no monitoring for retaliation was required.

115.267 (d): D1-8.13, page 13 states monitoring shall include face-to-face status checks with offender victims and reporters. The interview with the staff member responsible for monitoring retaliation confirmed she conducts periodic status checks at the 30, 60 and 90 days marks. There were zero sexual abuse allegations reported and as such no monitoring for retaliation was required.

115.267 (e): D1-8.13, page 13 states following any reported incident of sexual

abuse, monitoring for retaliation shall be conducted. The alleged victim and offender and staff reporters of offender sexual abuse shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation (First Responders shall not be considered a reporter for the purpose of retaliation monitoring in this policy). Monitoring shall include face-to-face status checks with offender victims and reporters. The assessment-retaliation status checklist form shall be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation is unfounded. The PREA Site Coordinator shall ensure any offender or staff member who cooperates with a sexual abuse investigation and expresses a fear of retaliation, shall be assessed for and protected from retaliation. The Agency Head Designee stated that facilities conduct monitoring for retaliation through a 30, 60 and 90 day process. He confirmed they can take protective measures to prevent retaliation including, housing changes, facility transfers, removal of staff from contact with offender and emotional support services. The Agency Head Designee advised that if retaliation is suspected, it would be reported and investigated. He noted that they would also take action to protect the individual and ensure their safety. The Agency Head Designee confirmed that individuals who cooperate with an investigation or fear retaliation would be afforded the same protection as an offender or staff who reports sexual abuse. The Director they can take protective actions including moving a staff member, moving resident bunks, transfer of a resident or release of a resident to the community. He confirmed they can remove staff from contact and they can provide emotional support services. The interview with the Director indicated if they suspected retaliation they would stop it right there, report it and get the investigators involved.

115.267 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, D1-8.13, P4-4.5, Assessment/Retaliation Status Check Form, Retaliation Monitoring Guide, PREA Staff Protection Against Retaliation Flyer, and interviews with the Agency Head Designee, Director, and staff charged with monitoring for retaliation, this standard appears to be compliant.

Recommendation

The auditor highly recommends that the facility conduct a mock sexual abuse incident drill, at least annually, in order to review policy, procedure and process. This should include mock monitoring for retaliation.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. D1-8.1 Office of Professional Standards 5. D1-8.4 Institutional Investigations 6. Investigator Training Records 7. OPS Retention Schedule 8. Investigative Report Interviews: 1. Interview with Investigative Staff 2. Interview with the Director 3. Interview with the PREA Coordinator Findings (By Provision): 115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The interview with the investigator noted that an investigation would be the same day as the allegation and that they have two days to submit the information to get it assigned to an investigator. The investigator stated anonymous and third party reports are investigated the same as any other allegation. There were zero sexual abuse or sexual harassment allegations reported and as such no investigations were reviewed from the previous twelve months. The last allegation at the facility was in 2023. The auditor reviewed the investigation and noted it was prompt, thorough and objective.

115.271 (b): D1-8.13, page 18 states investigators shall receive specialized PREA investigation training prior to conducting an investigation involving offender sexual abuse. The agency utilizes the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training curriculum. In addition, the agency provides additional training to investigators via the PREA Investigations (Sexual Harassment) training, the Credibility Assessments Training Document and the Standard of Proof Training Document. A review of the NIC Conducting Sexual Abuse Investigations in a Confinement Setting training confirmed that it includes the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The interview with the investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case. A review of documentation indicated nineteen agency investigators completed the specialized training.

115.271 (c): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The interview with the investigator indicated his first step is to do background on the victim and alleged abuser and to ensure that the victim was offered mental health services and advocacy services. He advised he would then conduct interviews, review the crime scene, gather evidence, review video, review phone calls, review emails, conduct any additional interviews and then compile it all and complete a report. He stated he would be responsible for gathering evidence, including: video, email, phone calls, physical, DNA, photos and prior complaints. There were zero sexual abuse or sexual harassment allegations reported and as such no investigations were reviewed from the previous twelve months.

115.271 (d): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The investigator confirmed that when they discover evidence that a prosecutable crime may have taken place they consult with prosecutors before conducting any compelled interviews. There were zero sexual abuse or sexual harassment allegations reported and as such no investigations were reviewed from the previous twelve months.

115.271 (e): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of

sexual abuse and repeated allegations of sexual harassment. The interview with the investigator confirmed they would never, under any circumstance, require a resident victim of sexual abuse to submit to a polygraph tests or any other truth-telling devices as a condition for proceeding with the investigation. The investigator stated credibility is based on the credibility assessments, which considers discipline, prior complaints and things like that. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.271 (f): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. It further states administrative investigations shall include an effort to determine whether staff member actions or failure to act contributed to the abuse. The interview with the investigator confirmed that administrative investigations are documented in a written report. He stated the investigation would include everything that was done, including interviews, background, evidence, etc. He stated that during the investigation he reviews video and conducts interviews to ensure staff are doing rounds and following policy and procedure. There were zero sexual abuse or sexual harassment allegations reported and as such no investigations were reviewed from the previous twelve months.

115.271 (g): D1-8.13, page 18 states the department shall ensure that administrative and/or criminal investigations are completed for all allegations of sexual abuse and repeated allegations of sexual harassment. The interview with the investigator confirmed that criminal investigations are documented in a written report. He stated the investigation would include everything that was done, including interviews, background, evidence, etc. There were zero sexual abuse or sexual harassment allegations reported and as such no investigations were reviewed from the previous twelve months.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. D1-8.1, page 4 states the department may pursue prosecution of any staff member or offender who commits a criminal act. Page 5 further states in the event an outside law enforcement agency conducts a criminal investigation on a staff member or an offender, it shall be the responsibility of that agency to submit the case for prosecution. OPS may request a copy of the investigative report for departmental record keeping. The PAQ noted there were zero allegations referred for prosecution since the last PREA audit. The interview with the investigator indicated they refer cases for prosecution when they meet probable cause for Missouri statute. There were zero sexual abuse or sexual harassment allegations reported and as such no investigations were reviewed from the previous twelve months.

	115.271 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The OPS Retention Schedule outlines that documentation of investigations that pertain to sexual abuse shall be retained for 50 years. A review of a sample of MO DOC historic investigations confirmed retention is being met. 115.271 (j): The interview with the investigator indicated the departure of a resident or the termination or resignation of a staff member does not negate the investigation. He stated the investigation would continue and they would track the individuals down in the community. 115.271 (k): The auditor is not required to audit this standard. 115.271 (l): D1-8.13, page 18 states when outside agencies investigate sexual abuse, staff members shall cooperate with outside investigators and shall make an effort to remain informed about the progress of the investigation. The interview with the PC indicated that all investigations are done in house, with only a few exceptions. He advised even if an outside entity conducted an investigation, the agency would conduct their own investigation (administrative and/or criminal). The Director stated that all investigations are completed by the agency. The interview with the investigator indicated outside agency do not conduct investigations. Based on a review of the PAQ, D1-8.13, P4-4.5, D1-8.1, D1-8.4, Investigator Training Records, OPS Retention Schedule, Investigative Report, and information from interviews with the PREA Coordinator, Director, and investigative staff, this standard appears to be compliant.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment

	3. Standard of Proof Document 4. Investigative Report Interviews: 1. Interview with Investigative Staff Findings (By Provision): 115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. D1-8.13, page 18 states administrative investigations shall impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated. The Standard of Proof Document outlines the different levels of proof for investigations, including reasonable suspicion, probable cause, preponderance of the evidence, clear and convincing and beyond a reasonable doubt. The document explains the burden of proof for sexual abuse and sexual harassment, which is no higher than a preponderance of the evidence. The document also outlines when to utilize the investigative outcomes based on standard of evidence. The interview with the investigator confirmed that the agency does not impose a standard of evidence higher than a preponderance of evidence when determining whether an allegation is substantiated. There were zero sexual abuse or sexual harassment allegations reported during the previous twelve months. It should be noted the auditor reviewed an investigation completed in 2023 and confirmed the investigator used a standard no higher than a preponderance of the evidence. Based on a review of the PAQ, D1-8.13, Standard of Proof Document, Investigative Report, and information from the interview with the investigator, it appears this standard is compliant.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. PREA Alleged Sexual Abuse by Offender Notification Form
4. PREA Alleged Sexual Abuse by Staff Member Notification Form
5. PREA Allegations Subject Notification Form

Interviews:

1. Interview with the Director
2. Interview with Investigative Staff

Findings (By Provision):

115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. D1-8.13, page 19 states upon the completion of an offender sexual abuse investigation, the department's PREA unit shall make written notification to the alleged victim regarding the outcome of the investigation utilizing the applicable PREA alleged sexual abuse by offender notification form or the PREA alleged sexual abuse by staff member notification form. A review of the PREA Alleged Sexual Abuse by Offender Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the subject was indicated or convicted. The bottom of the form includes a line for the residents to sign. A review of the PREA Alleged Sexual Abuse by Staff Member Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the staff is no longer assigned to the housing unit, the staff is no longer employed at the facility, the staff was indicated and the/or the staff was convicted. A review of the PREA Allegation Subject Notification form noted that it has checkboxes that are marked to indicate the investigative outcome, including unsubstantiated and unfounded. It also has a box that outlines an residents received discipline for filing a false allegation. The bottom of the form includes a line for the residents to sign. The PAQ noted there were zero sexual abuse allegations reported and zero notification were made during the previous twelve months. Interviews with the Director and the investigator confirmed that residents are informed whether the allegation has been determined to be substantiated,

unsubstantiated or unfounded. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no notifications were required.

115.273 (b): The PAQ indicated this provision is not applicable as the agency/facility conducts all administrative and criminal investigations. D1-8.13, page 19 states in the event that the investigation was conducted by an outside agency, the PREA unit shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation.

115.273 (c): The PAQ indicated following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. D1-8.13, page 19 states all subsequent notifications shall be made when: the staff member perpetrator is no longer assigned to the housing unit; the staff member perpetrator is no longer employed by the department; the staff member perpetrator has been indicted on a charge related to sexual abuse within the institution and/or a disposition of charges exists related to sexual abuse within the institution. A review of the PREA Alleged Sexual Abuse by Staff Member Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the staff is no longer assigned to the housing unit, the staff is no longer employed at the facility, the staff was indicated and the/or the staff was convicted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no notifications were required.

115.273 (d): The PAQ indicated following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. D1-8.13, pages 19-20 state following the completion of an investigation, the offender shall be notified when the

	offender has been indicted on a charge related to sexual abuse within the institution and when a disposition of charges exists related to sexual abuse within the institution. A review of the PREA Alleged Sexual Abuse by Offender Notification form indicates it includes checkboxes that are marked to indicate the investigative outcome (unfounded, unsubstantiated and substantiated). It also includes checkboxes that note whether the subject was indicated or convicted. The bottom of the form includes a line for the residents to sign. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no notifications were required. 115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents described under this standard are documented. D1-8.13, page 20 states the PREA unit shall forward the written notification to the offender via the PREA site coordinator. The original notification shall be signed by the offender and witnessed by a staff member. The PAQ noted there were zero notifications made pursuant to this standard. There were zero sexual abuse allegations reported during the previous twelve months and as such no notifications were required. 115.273 (f): This provision is not required to be audited. Based on a review of the PAQ, D1-8.13, PREA Alleged Sexual Abuse by Offender Notification Form, PREA Alleged Sexual Abuse by Staff Member Notification Form, PREA Allegations Subject Notification Form, and information from interviews with the Director, and investigators, this standard appears to be compliant. Recommendation The auditor highly recommends that the facility conduct a mock sexual abuse incident drill, at least annually, in order to review policy, procedure and process. This should include mock investigative outcome forms.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. D2-9.1 Employee Discipline
4. Investigative Report

Findings (By Provision):

115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. D1-8.13, page 22 states staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. There were zero sexual abuse and sexual harassment allegations reported during the previous twelve months and as such no discipline was required. It should be noted the auditor reviewed the one investigation from 2023. The allegation was sexual harassment and was unsubstantiated.

115.276 (b): D1-8.13, page 22 states termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. The PAQ and further communication with the PCM indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. There were zero sexual abuse and sexual harassment allegations reported during the previous twelve months and as such no discipline was required.

115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The PAQ and further communication with the PCM indicated there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. D2-9.1 outlines the employee disciplinary process and the procedure as it relates to this process. There were zero sexual abuse and sexual harassment allegations reported during the previous twelve months and as such no discipline was required.

	115.276 (d): The PAQ indicated that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. D1-8.13, page 22 states all terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement. The PAQ and further communication with the PCM indicated there were zero staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. There were zero sexual abuse and sexual harassment allegations reported during the previous twelve months and as such no discipline was required. Based on a review of the PAQ, D1-8.13, D2-9.1, and the investigative report, this standard appears to be compliant.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. D2-13.1 Volunteers & Reentry Partners 4. D2-13.2 Student Interns 5. Investigative Report Interviews: 1. Interview with the Director Findings (By Provision):

	115.277 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. D1-8.13, page 22 states contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. D2-13.1 page 9 states volunteers or reentry partners may be subject to suspension of their access to a department facility or termination of their status if they fail to abide by the department's policies and procedures. D2-13.2, page 5 states interns shall be subject to disciplinary sanctions up to and including termination for violating department policies and procedures. The PAQ and further communication with the PCM indicated that there have been zero contractors or volunteers who violated the sexual abuse or sexual harassment policies within the previous twelve months and as such none were reported to law enforcement or relevant licensing bodies. There were zero sexual abuse and sexual harassment allegations reported against a volunteer or contractors and as such no discipline was required. 115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. D1-8.13, page 23 states the CAO or designee of the department facility or contracted facility shall take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations. D2-13.1 page 9 states volunteers or reentry partners may be subject to suspension of their access to a department facility or termination of their status if they fail to abide by the department's policies and procedures. D2-13.2, page 5 states interns shall be subject to disciplinary sanctions up to and including termination for violating department policies and procedures. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer would result in the individual being immediately walked out the door and not allowed back into the facility. He advised the information would be reported up the chain of command for investigation. Based on a review of the PAQ, D1-8.13, D2-13.1, D2-13.2, the Investigative Report, and information from the interview with the Director, this standard appears to be compliant.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. D1-8.13 Offender Sexual Abuse and Harassment
3. Disciplinary Sanctions and Mental Health Protocol Directive
4. Standard of Proof Document
5. Offender Rulebook
6. Investigative Report

Interviews:

1. Interview with the Director

Findings (By Provision):

115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. D1-8.13, page 22 states offenders shall be subject to corrective actions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding offender accountability program. The Offender Rulebook outlines conduct violations, including forcible sexual abuse and sexual misconduct, and the corrective sanctions for violations, including disciplinary segregation, visiting restrictions, living area restrictions, activity restrictions, loss of property, program sanctions and extra duty. The PAQ and further communication with the PCM indicated there were zero administrative or criminal finding of guilt for resident-on-resident sexual abuse. There were zero sexual abuse and sexual harassment allegations reported during the previous twelve months and as such no discipline was required.

115.278 (b): D1-8.13, page 22 states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding offender accountability program. The Offender Rulebook outlines conduct violations, including forcible sexual abuse and sexual misconduct, and the corrective

sanctions for violations based on the level of violation The Director stated that if a resident violates the sexual abuse and sexual harassment policy he could be terminated from the program, revoked or suffer legal consequences. He advised he would also go through the administrative disciplinary process. The Director confirmed that discipline would be 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.

115.278 (c): D1-8.13, page 22 states the corrective action process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding offender accountability program. The Disciplinary Sanctions and Mental Health Protocol Directive notes that prior to hearing a violation for forcible sexual abuse/violence, the Adjustment Hearing Board will request input from the mental health staff. The interview with the Director confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): The PAQ indicated the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and they consider whether to require the resident to participate in order to gain access to other programs and privileges. D1-8.13, page 22 states if found guilty of sexual abuse, the PREA site coordinator or designee shall submit a referral and screening note - health services form to ensure the perpetrator shall be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. The offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding offender accountability program. The facility does not employ medical and mental health care staff and as such no interviews were completed. Services would be provided in the community or the resident would be transferred to a higher level of custody within the agency.

115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. D1-8.13, page 22 states an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact. A review of documentation confirmed there were zero residents disciplined for conduct with staff.

	115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of the Standard of Proof Document notes that a false allegation can only be determine if the investigator, through thorough investigation, identifies evidence to factually prove the allegation did not occur nor was attempted and the victim knowingly falsified the allegation. The document provides examples of such evidence to determine falsification. The Offender Rulebook outlines making a false written or oral PREA statement to a staff member or official with evidence of bad faith as a level two violation and outlines possible sanctions including disciplinary segregation, visiting restrictions, living area restrictions, activity restrictions, loss of property, program sanctions and extra duty. 115.278 (g): The PAQ and further communication with the PCM indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. D1-8.13, page 22 states the department prohibits all sexual activity between offenders. Consensual sexual activity between offenders shall not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding offender accountability program. The Offender Rulebook outlines engaging with another offender in any type of consensual sexual activity as a level two violation and outlines possible sanctions including disciplinary segregation, visiting restrictions, living area restrictions, activity restrictions, loss of property, program sanctions and extra duty. Based on a review of the PAQ, D1-8.13, Disciplinary Sanctions and Mental Health Protocol Directive, Standard of Proof Document, Offender Rulebook, and information from the interview with the Director, this standard appears to be compliant.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment

3. P4-4.5 Prison Rape Elimination Act

4. Medical/Mental Health Documents (Secondary Documents)

Interviews:

1. Interview with First Responders

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicated that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. D1-8.13, page 16 states victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. P4-4.5, page 8 states the victim shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including all lawful pregnancy related medical services and measures to prevent the transmission of sexually related diseases. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no secondary documents were reviewed. The facility documents medical and mental health services through the chronological log. The auditor reviewed examples of how services would be documented if a resident is transported for medical or mental health services related to a sexual abuse incident.

115.282 (b): D1-8.13, page 16 states health services staff members shall screen victims for obvious physical trauma, and provide emergency medical care. If no qualified medical or mental health practitioners are on duty at the time a report of a sexual abuse which involved penetration that occurred within 72 hours within a

correctional facility, or 92 hours within a community, confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The first responder advised that duties include roping off the area, separating the individuals, not allowing the residents to shower, drink, spit, etc. and not allowing anyone to go in the area so evidence is not destroyed. There were zero sexual abuse allegations reported during the previous twelve months and as such no secondary documents were reviewed. The facility documents medical and mental health services through the chronological log. The auditor reviewed examples of how services would be documented if a resident is transported for medical or mental health services related to a sexual abuse incident.

115.282 (c): The PAQ indicated that resident victims of sexual abuse while incarcerated are 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. D-8.13, page 17 states alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. Page 18 further states victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. P4-4.5, page 8 states the victim shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including all lawful pregnancy related medical services and measures to prevent the transmission of sexually related diseases. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no secondary documents were reviewed.

115.282 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. D-8.13, page 18 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. P4-4.5, page 8 states the victim shall be referred to a qualified medical or mental health practitioner, without financial cost to the victim, for medical or mental health follow-up as appropriate.

	Based on a review of the PAQ, D-8.13, P4-4.5, Secondary Medical and/or Mental Health Documentation and information from the interview with first responder, this standard appears to be complaint.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Medical/Mental Health Documents (Secondary Documents) Findings (By Provision): 115.283 (a): The PAQ indicated the facility offers 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. P4-4.5, page 8 states ongoing medical treatment services and mental health services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the offense. The treatment of the victim shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following the transfer to, or placement in, other facilities, or release from custody. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. There were zero sexual abuse allegations reported during the previous twelve months and as such no secondary documents were reviewed. The facility documents medical and mental health services through the chronological log. The auditor reviewed examples of how services would be documented if a resident is transported for medical or mental health services related to a sexual abuse incident.

115.283 (b): D1-8.13 page 18 states each victim and abuser shall be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals shall be completed for continued care following their transfer to, or placement in, other facilities or their release from custody. The facility does not employ medical or mental health care staff and as such no interviews were conducted. All residents requiring medical and mental health services are transferred to a local hospital and/or local community providers. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no secondary documents were reviewed. The facility documents medical and mental health services through the chronological log. The auditor reviewed examples of how services would be documented if a resident is transported for medical or mental health services related to a sexual abuse incident.

115.283 (c): D1-8.13, page 18 states victims and abusers shall be provided with medical and mental health services consistent with the community level of care. The facility provides access to medical and mental health care off-site through local community providers. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The PAQ indicated this provision is not applicable as the facility does not house female residents. D1-8.13, page 18 states victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. P4-4.5, page 8 states the victim shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including all lawful pregnancy related medical services and measures to prevent the transmission of sexually related diseases.

115.283 (e): The PAQ indicated this provision is not applicable as the facility does not house female residents. D1-8.13, page 18 states if pregnancy results, the victim shall receive timely, comprehensive information, and access to all lawful pregnancy-related medical services in accordance with the institutional services procedure regarding counseling and care of pregnant offenders. P4-4.5, page 8 states the victim shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including all lawful pregnancy related medical services and measures to prevent the transmission of sexually related diseases.

115.283 (f): The PAQ indicated resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

D-8.13, page 17 states alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis shall be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. Page 18 further states victims of sexual abuse shall be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero sexual abuse allegations reported during the previous twelve months and as such no secondary documents were reviewed.

115.283 (g): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. D-8.13, page 18 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. D1-8.13, page 18 states upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator shall submit a referral and screening note - health services form to ensure the perpetrator shall be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. P4-4.5, pages 8-9 state staff shall attempt to have a mental health evaluation conducted on all known offender on offender sexual abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by a mental health practitioner. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were sexual abuse allegations reported during the audit period and as such there were no known resident-on-resident abusers.

Based on a review of the PAQ, D-8.13, P4-4.5, and Secondary Medical and/or Mental Health Documentation, this standard appears to be complaint.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. P4-4.5 Prison Rape Elimination Act 4. Sexual Abuse Incident Debriefing Form Interviews: 1. Interview with the Director 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team Findings (By Provision): 115.286 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. D1-8.13 page 19, states each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation. A sexual abuse incident debriefing is not required following offender sexual harassment investigations or when a sexual abuse investigation is unfounded. P4-4.5, page 9 states allegations of offender sexual abuse, whether sustained or not sustained, shall be debriefed in accordance with the departmental procedure within 30 days of the conclusion of the investigation. The facility shall utilize information from the debriefing to prepare an annual report in accordance with the departmental procedure regarding serious incidents. The PAQ indicated there were zero administrative or criminal sexual abuse investigation completed in the previous twelve months, excluding unfounded. There were zero sexual abuse allegations reported and as such no sexual abuse incident reviews were reviewed. 115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative

sexual abuse investigation. It further stated that in the past 12 months there were zero criminal and/or administrative investigation of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. D1-8.13, page 19 states Incident debriefings shall be held within 30 days of the conclusion of a formal investigation. P4-4.5, page 9 states allegations of offender sexual abuse, whether sustained or not sustained, shall be debriefed in accordance with the departmental procedure within 30 days of the conclusion of the investigation. There were zero sexual abuse allegations reported and as such no sexual abuse incident reviews were reviewed.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. D1-8.13 page 19, states the review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from the shift supervisor, investigators, and medical or mental health practitioners. The interview with the Director confirmed the facility has a sexual abuse incident review team and the team includes those under this provision.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. D1-8.13 page 19, the PREA sexual abuse incident debriefing report shall be completed by the PREA site coordinator outlining in detail the findings of the incident debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse incident debriefing form. P4-4.5, page 9 states allegations of offender sexual abuse, whether sustained or not sustained, shall be debriefed in accordance with the departmental procedure within 30 days of the conclusion of the investigation. The facility shall utilize information from the debriefing to prepare an annual report in accordance with the departmental procedure regarding serious incidents. A review of the PREA Sexual Abuse Debriefing form notes that it includes sections for information related to the incident and those involved. It includes sections related to what occurred after the incident as well. The form includes all elements under this provision. Interviews with the Director and sexual abuse incident review team member confirmed they conduct a review that includes the elements under this provision and prepare a report of their findings. The Director stated they utilize the information from the sexual abuse incident reviews to improve processes and determine how they could have prevented the incident or could prevent a similar incident in the future. The PCM stated that she reviews sexual abuse incident reviews, however they have not had to conduct any. She noted after the report is submitted she would review anything that needs done related to findings from the report. There were zero sexual abuse allegations reported and as such no sexual abuse incident reviews

	were reviewed. 115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. D1-8.13 page 19, the facility shall implement the recommendations for improvement, or shall document its reasons why recommendations shall not be implemented. A review of the PREA Sexual Abuse Debriefing form notes that it includes a section for corrective action that have been or will be taken. There were zero sexual abuse allegations reported and as such no sexual abuse incident reviews were reviewed. Based on a review of the PAQ,D1-8.13, P4-4.5, Sexual Abuse Incident Debriefing Form, and information from interviews with the Director, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant. Recommendation The auditor highly recommends that the facility conduct a mock sexual abuse incident drill, at least annually, in order to review policy, procedure and process. This should include a mock sexual abuse incident review.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Data Collection Memorandum 4. PREA Annual Report Protocol 5. PREA Annual Reports 6. Survey of Sexual Victimization

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. D1-8.13, page 23 state the PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The PREA Data Collection Memorandum outlines that the agency utilizes an electronic system, Investigative Report Intelligence System (IRIS) for data collection. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency.

115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. D1-8.13, page 23 state the PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency.

115.287 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency.

115.287 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports,

	investigation files, and sexual abuse incident reviews. The PREA Data Collection Memorandum outlines that the agency utilizes an electronic system, Investigative Report Intelligence System (IRIS) for data collection. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, thee facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the PREA Annual Report confirmed that the current year aggregated data is broken down by allegation type and investigative outcome. The definition utilized are those outlined in under PREA Standard 115.6. Additionally, aggregated data is compared from 2015 to present and illustrates trends for the agency. 115.287 (e): The PAQ indicated that this standard is not applicable as the agency does not contract with private facilities for the confinement of its residents. 115.287 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. A review of documentation noted that the agency submitted the Survey of Sexual Victimization in 2024. Based on a review of the PAQ, D1-8.13, PREA Data Collection Memorandum, PREA Annual Report Protocol, PREA Annual Reports, and the Survey of Sexual Victimization, this standard appears to be compliant.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. PREA Annual Report Protocol 4. PREA Annual Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator

Findings (By Provision):

115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. D1-8.13, page 23 states the PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the last two PREA Annual Reports indicates that the reports include background information, aggregated data for the current year, trend analysis from 2015 to current (to include graphs and tables) and ongoing corrective action taken during the year. The interview with the Agency Head Designee confirmed that the agency uses data to identify problem areas and take corrective action on an ongoing basis. He stated the data is used to assess the risk screening tool, the video monitoring technology, staffing levels, etc. He stated the data helps to identify and rectify issues. The PC confirmed that the agency aggregates sexual abuse data and that it is included in the annual report, which is posted on the agency website. He advised they utilize data to identify hot spots or commonalities amongst the events. This is then used in the annual report to evaluate the information. The PC stated they use data to ensure they are continually making an effort to improve the safety and security of the facilities.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. The PREA Annual Report Protocol outlines the guidelines and direction for staff to complete their annual report to assess and improve the effectiveness of the processes to prevent, detect and respond to sexual abuse. The document notes the report should include a section on allegations, the facility overview, evaluation of camera and monitoring systems, the staffing plan evaluation and the comparison chart of the sexual abuse and sexual harassment data from the previous two years. A review of the last two PREA Annual Reports indicates that the reports include background information, aggregated data for the current year, trend analysis from 2015 to current (to include graphs and tables) and ongoing corrective action taken during the year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. The PAQ indicated annual reports are approved by the Agency Head. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. The interview with the Agency Head Designee confirmed that the report is approved by the Agency Head and is posted on the agency website. A review of the website confirmed that the current PREA Annual Report as well as historical PREA Annual Reports dating back to 2010 are available on the agency website.

115.288 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a

	facility. The PAQ stated that the agency indicates the nature of material redacted. The PAQ noted that the annual report is written in a way that the need to redact information is greatly minimized. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. A review of the PREA Annual Report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC advised that the way the annual report is written, there is not a need to redact any information. He noted that the report provides the main data but does not have personal information or security information. Based on a review of the PAQ, D1-8.13, PREA Annual Report Protocol, PREA Annual Reports, the websites and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. D1-8.13 Offender Sexual Abuse and Harassment 3. OPS Retention Schedule 4. PREA Annual Reports Interviews: 1. Interview with the PREA Coordinator

Findings (By Provision):

115.289 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. The PC stated that the sexual abuse and sexual harassment data is maintained in the IRIS system, which is only accessible to agency investigators and facility leadership. He further stated that there are different levels of access for each individual.

115.289 (b): The PAQ states that the agency will 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 through other means. D1-8.13, page 23 states The PREA manager shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include: a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval. The CAO or designee, PREA manager or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director shall indicate the nature of the material edited. The department's annual PREA report shall be made available to the public on the department's internet website. A review of the website confirmed that the current PREA Annual Report, which includes aggregated data, is available to the public online.

115.289 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the PREA Annual Report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.289 (d): D1-8.13, page 24 states inquiries regarding offender sexual abuse and harassment and all supporting documents shall be retained as long as the alleged perpetrator is incarcerated or employed with the department, plus 5 years and in accordance with the department procedure regarding records retention. The OPS Retention Schedule notes that sexual abuse investigations and data are retained for 50 years. A review of historical PREA Annual Reports indicated that aggregated data is available from 2010 to present.

Based on a review of the PAQ, D1-8.13, OPS Retention Schedule, PREA Annual Reports, the websites and information obtained from the interview with the PC, this standard appears to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 (a): The facility is part of the Missouri Department of Corrections. All facilities were audited in the previous three-year audit cycle and audit report are found on the agency's website. 115.401 (b): The facility is part of the Missouri Department of Corrections. The Department has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the third year of the three-year cycle. 115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents and was permitted to conduct private interviews. 115.401 (n): The facility provided photos of the audit announcement posted around the facility at least six weeks prior to the on-site portion of the audit. During the tour the auditor observed the audit announcement posted on bright green letter size paper in English and Spanish. The audit announcements were in the housing unit and in common areas. The audit announcement advised the residents that correspondence with the auditor would remain confidential unless the resident reported information such as sexual abuse, harm to self or harm to others. The residents were able to send correspondence via privileged mail.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f): The agency has audit reports published to their website for all audits completed during the previous three, three year audit cycles.

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

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

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

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

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	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
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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