

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	South Central Correctional Center		
Physical address:	255 West Highway 32, Licking, MO 65542		
Date report submitted:	February 24, 2016		
Auditor Information Brad Adams			
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Date of facility visit:	Jan 26th – 28th 2016		
Facility Information South Central Correctional Center			
Facility mailing address: (if different from above)	Same		
Telephone number:	573-674-4470		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Terrena Ballinger		Title: DeputyWarden
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Agency Information			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	Missouri Department of Corrections		
Physical address:	2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102		
Mailing address: (if different from above)	Same		
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Agency Chief Executive Officer			
Name:	George Lombardi	Title:	Director

Email address:	Telephone number:	573 526-6607
Agency-Wide PREA Coordinator		
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AUDIT FINDINGS

NARRATIVE:

The site visit for the PREA Audit of the South Central Correctional Center was conducted on January 26-28, 2016. The audit team consisted of the Audit Chair, Brad Adams KDOC/DOJ Certified PREA Auditor with two support staff consisting of Debra Banks KDOC/DOJ Certified PREA Auditor and Shea Carlson KDOC/DOJ Certified PREA Auditor. During the Pre-Audit phase, the team reviewed the standards and documentation provided by SCCC completing much of the file review prior to the site visit. Requested follow-up documentation was provided to the team on-site.

An entrance meeting was held at the beginning of the on-site visit with the following staff in attendance: MDOC PREA Coordinator Vevia Sturm, MDOC Assistant PREA Coordinator Adam Albach, Warden Michael Bowersox, Deputy Warden Terrena Ballinger, Assistant Warden Michele Buckner, and Chief of Custody John Motel. Introductions were given and discussion was held of the teams schedule including touring the facility, following the recommended tour guide from the PREA Resource Center, and interviewing the necessary staff and inmates.

During the three day on-site portion of the audit, the team completed file review follow-up, toured the facility and conducted formal staff and inmate interviews. The team interviewed 27 inmates consisting of 12 random inmates from all housing units, 4 disabled and limited English proficient, 3 who disclosed sexual victimization during risk screening, 2 who had reported sexual abuse, 2 inmates placed in segregated housing and 4 LGBTI inmate. In addition, the team interviewed 44 staff which included the Warden, PREA Coordinator, PREA Compliance Manager, 1 Incident Review Team member, 2 that is charged with monitoring retaliation, 1 Human Resources, 5 Medical and Mental Health staff, 14 random staff from each shift, 2 that perform screening for risk of victimization and abusiveness, 3 investigative staff, 2 who supervised inmates in segregation, 7 intermediate or high-level supervisory staff, SANE/SAFE Hospital Representative, 2 Intake Staff and 1 volunteers.

DESCRIPTION OF FACILITY CHARACTERISTICS:

SCCC came about as a result of increased social concerns regarding crime and its rate of increase. These concerns were transformed into tougher laws and mandatory sentencing guidelines. The result of these tougher laws was that dangerous criminals ended up spending more time in prison than in the past. The end result of all this was an increased burden on Missouri's prison systems. To help alleviate this increased strain, in 1997 the state announced plans to build two new maximum-security correctional facilities. Eighteen cities and counties submitted proposals to the Department of Corrections, with hopes that one of the new facilities would be built at their location.

By mid-1997, members of the Joint Committee on Correctional Facilities and Problems narrowed down the original eighteen proposed sites to three; one of these was Licking. On November 13, 1997 the governor announced his decision; Licking happened to be one of the sites chosen for a new correctional facility. A few short months later, in early 1998, the Department of Corrections christened the proposed Licking facility with the name South Central Correctional Center. Having been named, a groundbreaking ceremony would shortly follow, for the new facility.

The ceremony presided over by then Governor Mel Carnahan took place on September 24, 1998. Shortly thereafter, work began in earnest on one of the state's newest correctional facilities. The facility, designed to house 1500 maximum-security offenders, was designed after the Crossroads Correctional Center in Cameron. By utilizing the design of the Crossroads Correctional Center, the state was able to save a lot of time and money in the design phase of the project.

The 73 million-dollar, state of the art, correctional facility began taking in its first offenders in June of 2000. Though the facility was originally designed as a maximum-security institution, it quickly was transformed into a multi-security level facility. The reason for this transformation was an increase in the state's medium-security offender population. As a result, SCCC found all but two of its housing units filled with medium security offenders. The two housing units that had been designed as Administrative Segregation Units were filled with maximum-security offenders, while all the remaining units were filled with medium-security offenders. SCCC is currently operating at the security level it was originally designed for.

SUMMARY OF AUDIT FINDINGS:

The team found that staff and inmates were educated and had a good general knowledge of PREA. Staff knew their responsibilities and duties while inmates knew their rights and multiple reporting methods.

One standard was initially found to be in non-compliance, standard 115.15 section (d). A 60 day Corrective Action Plan was initiated so the facility can demonstrate compliance with required actions. The 60 day CAP ended on March 28, 2016 and is detailed below under appropriate section. All recommendations were corrected in a timely manner and photos/documentation was submitted by PREA Compliance Manager Ballinger as proof of compliance. Each standard below will have justifications for compliance or non-compliance and comments/recommendations for each.

Number of standards exceeded:	2
Number of standards met:	40
Number of standards not met:	0
Not Applicable:	1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

Agency policy D1-8.13 directs this standard. The Missouri Department of Corrections has designated a state-wide PREA coordinator and each facility has a designated PREA Compliance Manager.

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

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

The agency contracts with private agencies incorporate that PREA standards must be followed. The agency also has a tool in place that is used when site visits are performed by agency staff. Documentation provided used direct wording.

§115.13 – Supervision and Monitoring

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

Agency policy D1-8.13 uses direct language for unannounced rounds and prohibits staff from alerting others of these rounds. The agency has established a staffing plan for each facility. The Division Director issued a directive stating that all components are considered and if any of the information changes it would be considered in reassessing appropriately. In addition, information specifically addressing section (a) will be added to the facilities annual report.

§115.14 – Youthful Inmates

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

Not Applicable - Youthful offenders are not housed at SCCC.

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Does Not Meet Standard (requires corrective action)

Policies IS20 1.1 and D1-8.13 Offender Sexual Abuse and Harassment direct that staff of the opposite gender will announce their presence when entering housing units and protocols for searching transgender and intersex inmates. All security staff have been trained on searching cross-gender, transgender and intersex inmates.

SCCC was initially non-complaint on section (d1 and d2) of this standard. During the on-site review, it was noted that in Housing Unit (HU) 1, the control center Officer had not logged “Female on Duty” announced in the chronological logs for several days. In Housing Unit 3, it was verified that at times, staff are making the announcement of female on duty regardless of whether a female is present or not. In Housing Unit 5, the female on duty announcement was not logged. The process of announcing female on duty is inconsistent and in many cases, the announcement is given as a blanket statement versus placing the inmates on notice that a female will be in a position to view them if they are nude. ****SCCC provided follow up documentation during the corrective action period as requested showing compliance with this section of the standard. All shifts are now announcing when a female staff member enters the unit versus a blanket statement. This announcement is consistently logged now.**

In addition, there were several areas of the institution where partitions or half doors were recommended due to the ability of opposite-gender staff to view inmates in a state of undress. It was noted that there is a full-time female Officer who views cameras every day. There was two cameras noted in the bathroom and strip search room in the food service area. The camera had plain view of the inmate toilets and it was verified during the audit that you are able to view the genital areas of inmates utilizing the toilets. It was also verified during the audit that you could view inmates being strip searched. **This camera was taken off-line during the audit and verified by the audit team that it was no longer on live feed.** Partitions were recommended in the minimum security unit bathroom urinals as there is a chance for staff of the opposite gender to view the genital areas of inmates. **Partitions were**

added during the corrective action period and photo documentation was submitted as proof of completion. In the inmate laundry, there was an inmate bathroom that was without a door or partition and a female staff member who works in the laundry full time. It was recommended that a door be placed on the entrance and a supplemental wall be built on top of the existing wall which was too short. **A partition and supplemental wall was added during the corrective action period and photo documentation was submitted as proof of completion.** In the education department, the door to the inmate bathroom stays open all day. This gives staff clear sight of the urinals. During staff interviews, it was noted that the staff member does not feel comfortable looking in the general direction while making rounds. This constitutes a PREA and Security issue. A half door was recommended for this area. **A half door was added as recommended during the corrective action period and photo documentation was submitted as proof of completion.**

A 60 day corrective action plan was initiated and included the following; SCCC must ensure that privacy barriers provided by the facility are adequate to prevent female staff from viewing offenders while using the toilets and urinals. Options are available to the facility which include half doors and hinged privacy partitions. Evidence will have to be provided by SCCC that clearly shows privacy barriers have been placed that are adequate in coverage. Pictures of each bathroom and the privacy barriers provided shall be sent to me to demonstrate compliance.

In addition, the chronological logs shall be provided to the auditor to show consistent compliance with announcing female on the dorm in compliance with this standard and the FAQs.

The 60 day corrective action plan ended on March 28, 2016. SCCC is now in compliance with this corrective action plan.

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

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment directs this standard. SCCC has available Interpreter Services if needed as well as an abundance of staff interpreters and has transcripts of PREA videos that are available in different languages. In addition, braille PREA education materials are available.

§115.17 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D2-2.2 directs background checks for employees while state applications include the components in section (a). Agency policy also directs background checks for contractors. SCCC provided documentation of this practice that showed it was institutionalized. The State Employee Handbook includes a continuing affirmative to disclose immediately this type of misconduct.

Staff Human Resources interviews showed good knowledge of this requirement.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D4-4.8 incorporates language for installing or updating monitoring systems. In the 2014 PREA Annual report it was noted that The update of camera systems through the installation of DSSVRs has occurred in HU#1, 2, 4, 5, and 6.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies D1-8.8 and D1.8.13 direct this standard. The agencies medical contract with Corizon includes sexual abuse victims are provides exams at no cost. SCCC's Chaplain serves as the facilities victim advocate. Training records show appropriate training for qualification. SCCC reports that exams are available when and if needed and direct protocol is included in their Sexual Abuse Coordinated Response. The hospital was also contacted by phone and verified the availability of a SANE nurse on-call 24 hours per day, 7 days per week.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policies D1-8.13, D1-8.1 and D1-8.4 direct the components of this standard. The Inspector General's Office has assigned appropriately trained staff to investigate allegations of sexual abuse involving potentially criminal behavior.

§115.31 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs PREA training for all staff. The Lesson plans for Basic Academy and bi-annual refresher training cover all the components of section (a). This training is tailored to the gender of the inmate population as lesson plans have been developed and is taught for both genders. SCCC reports all staff to have received this training and the sampling of documentation and staff interview corroborated this requirement.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 directs this standard. Curriculum was provided and meets all the components of this standard. SCCC provided documentation of Acknowledgement Forms signed from this training. In addition, training for volunteers and contractors is held annually as brochures and information is given to them.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Agency policy D1-8.13 and directive from agency head directs this standard. SCCC provides PREA education videos for all inmates in addition to brochures and information posted throughout the facility.

Inmate interviews helped determine that inmates were well educated on PREA to include their rights and services available.

§115.34 – Specialized Training: Investigations

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

Agency policy D1-8.13 directs this standard. The Specialized Investigator training course curriculum exceeds components that are covered in this standard. Criminal investigations at SCCC are conducted by the Inspector General's office and Administrative investigations are conducted by a Administrative Inquiry Officer, both of which have received PREA Specialized Investigator training.

Investigator interviews showed great knowledge and experience possessed.

§115.35 – Specialized training: Medical and mental health care

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

SCCC's Medical and Mental Health staff have received the specialized training as required by this standard in addition to training required for all as referenced in standard 115.31. SCCC provided documentation and lesson plans of this training.

Medical and Mental health staff interviews verified this training.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

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

§115.42 – Use of Screening Information

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment and IS5-3.1 Offender Housing Assignments, covers this standard. Interviews and documentation confirmed that the staff responsible for making determinations for job and/or program assignments for high-risk inmates consider the risk assessment. The facility utilizes a transgender committee and have policies in place which outlines actions to be taken to confirm compliance with this standard. Documentation of the committee minutes confirmed compliance and considerations for inmates own views.

§115.43 – Protective Custody

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

Agency policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility reported no cases of involuntary segregation for inmates identified at being high risk. Policy is in place to address this matter if utilized. Protocol is in place for consideration of alternate housing before the placement of alleged victims in Segregated housing.

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility provides several ways for inmates to report abuse. This was confirmed through interviews with inmates. Staff are aware they can privately report through calling Crime Hotline and writing the Department of Public Safety as well as reporting to Administration.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy D5-3.2 Offender Grievances covers this standard. Interviews confirmed knowledge of the appropriate process for such grievances to be filed including no limitations on time to file such grievances regarding sexual abuse.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility has flyers posted in living units and common areas for outside services. Inmates interviews confirmed that they knew they could contact other resources and knew the Chaplain was available.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Facility has information on the agency website instructing on how to report third party reports to the agency. Interviews with staff and inmates confirmed third party reporting is allowed.

Staff interviews confirmed that third party reports were investigated the same as any other report.

§115.61 – Staff and Agency Reporting Duties

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

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

Policy IS11-32 Receiving Screening Intake Unit which covers the mandatory reporting laws.

§115.62 – Agency Protection Duties

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

Policy D1-8.13 Sexual Abuse and Harassment covers this standard. Interviews confirmed that immediate action is taken to protect the inmate who reported.

§115.63 – Reporting to Other Confinement Facilities

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

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. Compliance was shown through interviews and reviewing of documentation of notification and investigation.

§115.64 – Staff First Responder Duties

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

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. The facility utilizes security and non-security staff as first responders and all staff have received training on first responder duties. Interviews confirmed that staff were aware of their duties as a first responder.

§115.65 – Coordinated Response

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

Facility utilizes an Institutional Plan that outlines a Coordinated Response to Offender Sexual Abuse. This plan outlines the duties of first responders, medical and mental health staff, investigators and facility leadership in response to an incident of sexual abuse.

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

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

Policy D2-11.6 Labor Organizations covers this standard. The facility provided an agreement between the Missouri DOC and the Missouri Corrections Officers Association, with an effective date of 10/01/2014 through 09/30/2018.

§115.67 – Agency protection against retaliation

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

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. A review of documentation shows compliance that monitoring occurs and includes periodic checks every 30 days up to 90 days. Staff interviews confirmed that if needed, the monitoring would continue more than 90 days.

§115.68 – Post-Allegation Protective Custody

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

Policy D1-8.13 Offender Sexual Abuse and Harassment covers this standard. Facility has a form that documents other means being considered. Three of the six requested Protective Custody, the other three had documentation that meet the standards.

§115.71 – Criminal and Administrative Agency Investigations

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

The facility has policy, D1-8.1 Investigation Unit Responsibilities and Actions, that covers criminal and administrative agency investigations. Reviewed investigative records/reports for allegations of sexual abuse or sexual harassment on site.

§115.72 – Evidentiary Standard for Administrative Investigations

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

The facility has policy, D1-8.4 Administrative Inquiries, that covers standards, rules, regulations, and procedures on conducting administrative investigations of sexual or sexual harassment to determine if they are substantiated or not. Reviewed investigative records/reports for allegations of sexual abuse or sexual harassment on site.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has policy, D1-8.13 Offender Sexual Abuse and Harassment, that covers the reporting outcomes as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Reviewed investigative records/reports which included inmate notifications. In addition, during inmate interviews all inmates I interviewed regarding claims of sexual abuse stated they received notification following conclusion of their PREA investigation.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has policy, D1-8.13 Offender Sexual Abuse and Harassment and D2-11.10 Staff Member Conduct, that covers staff disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. In the past (12) months the facility has had no staff disciplined, short of termination, for violation of agency of sexual abuse or sexual or sexual harassment.

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteer. In the past (12) months the facility has had no contractor or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment and Disciplinary Sanctions and Mental Health Protocol. The facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse through mental health counseling.

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

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

Facility has policy IS11-32 Receiving Screening- Intake Center. Reviewed samples and onsite intake assessments. During facility tour we witnessed inmates coming through their R&D that watch the PREA video, as well as answered a questionnaire regarding PREA. During staff and inmate interviews they consistently stated the PREA assessment criteria and all inmates had received such in accordance with the standard and the agencies policy. All inmates that reported sexual victimization that did not occur in an institutional setting received medical and mental health care within (14) days of the intake screening. All inmates that reported previous sexual abuse during the screening received mental health care within (14) days of the intake screening.

§115.82 – Access to emergency medical and mental health services

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

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers inmate access to emergency medical and mental health services. Timely access to emergency contraception and sexually transmitted infections was confirmed through inmate interviews onsite, medical staff interviews onsite, review of medical records onsite, and review of investigations onsite. The facility currently has a registered nurse that is continuing her education to become a SANE nurse and she was interviewed during the onsite tour.

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

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

Does Not Meet Standard (requires corrective action)

The facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the mental health and medical treatment that is provided to inmates that have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections was confirmed through inmate interviews onsite, medical staff interviews onsite, review of medical records onsite, and review of investigations onsite.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the facilities debriefing procedures upon conclusion of criminal and/or administrative investigations. The sexual abuse incident review, or debriefing is conducted within (30) days of the incident. The facility documents the debriefings, the recommendations, and implementations. Visually saw (2) of the debriefing recommendations during the facility tour that was noted by the review team.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the agencies data collection. The Survey of Sexual Violence (SSV) reports were reviewed onsite.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment that covers the agencies annual review of data collected. The facilities annual report includes identifying problem areas and corrective action on an ongoing basis. The Missouri Department of Corrections display the appropriate and required PREA information on their website for public viewing.

§§115.89 – Data Storage, Publication, and Destruction

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

Facility has policy D1-8.13 Offender Sexual Abuse and Harassment, as well as the states retention schedule which requires the facility to maintain the sexual abuse data collected. Visually saw where the files were secured during the facility tour as well. The Missouri Department of Corrections display the appropriate and required PREA information on their website for public viewing.

AUDITOR CERTIFICATION:

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

Brad Adams



Auditor Signature

April 13, 2016

Date