

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



Name of facility:	Western Missouri Correctional Center		
Physical Address:	609 East Pence Road Cameron, MO 64429		
Date report submitted:	10/22/14		
<b>Auditor Information:</b>	<b>Talia Huff (Labouchardiere), Mark Mora</b>		
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Telephone number:	785-766-2002, 620-481-7273		
Date of facility visit:	9/23/14-9/25/14		
<b>Facility Information</b>			
Facility mailing address:	609 East Pence Road Cameron, MO 64429		
Telephone number:	(816)632-1390		
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Adult		
Name of PREA Compliance Manager:	Krista Helton	Title:	Deputy Warden
E-Mail Address:	<a href="mailto:Krista.Helton@doc.mo.gov">Krista.Helton@doc.mo.gov</a>	Phone Number:	(816)632-1390
<b>Agency Information</b>			
Name of agency:	Missouri Department of Corrections		
Governing authority or parent agency: (if applicable)	State of Missouri		
Physical address:	2728 Plaza Drive Jefferson City, MO 65109		
Mailing address: (if different from above)			
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<b>Agency Chief Executive Officer</b>			
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# AUDIT FINDINGS

## NARRATIVE:

The audit of the Western Missouri Correctional Center (WMCC) was conducted on September 23-25, 2014 by Talia Huff (Labouchardiere) and Mark A. Mora both certified auditors and one assistant in order to determine compliance with Prison Rape Elimination Act (PREA) standards.

Prior to the onsite portion of the audit, auditors provided the facility with the Auditor Notice which was posted at least 6 weeks prior to the onsite. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditors to review in advance of the onsite portion of the audit and was done so in a very organized and comprehensive manner. Correspondence between the auditors and the PREA Coordinator and PREA Compliance Manager occurred throughout the pre-audit phase, and the auditor submitted a tentative audit schedule to the facility prior to arrival.

The auditors reported to WMCC on 9/23/14 to initiate the onsite portion of the audit. An entrance meeting was conducted to introduce the audit team to the WMCC administration. Those in attendance included: Warden Ronda Pash, Assistant Warden Mark Parkhurst, Deputy Warden Krista Helton, Chief of Security John Lower, and Agency PREA Coordinator Vevia Sturm.

Following the entrance meeting was a tour of the WMCC facility. Areas toured included the living units, offender services, offender dining room, recreation areas, visiting room, industries areas, case management offices and shift supervisor areas. Informal interviews were conducted with various staff and offenders during the tour.

Offender rosters were obtained and a random sample of offenders were chosen and interviewed. Offenders understood PREA and how to report an incident of sexual abuse and harassment. Information regarding a zero tolerance policy was easily accessible to the offender population.

Interviews were conducted with the Agency PREA Coordinator, Facility PCM, Warden, Human Resources, Health Services, Shift Supervisors, Security Staff, Counselors and investigators. Staff from all three shifts were interviewed. All staff were knowledgeable of WMCC and agency policy in regards to their responsibility subsequent to a report of sexual abuse or harassment.

PREA investigation files were made accessible to the audit team to examine. Investigations are handled by investigators from the Inspector General's Office. Investigations are done promptly, thoroughly and are well documented.

PREA Standards and policies were reviewed for compliance. Questions were clarified and suggestions were made to enhance procedures. WMCC complied with all applicable standards.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Western Missouri Correctional Center is located at 609 East Pence Road in Cameron, Missouri. WMCC is an all-male medium security facility housing approximately 1975 offenders. The age range of offenders is 18-80 years of age. WMCC encompasses 26 buildings on approximately 385 acres and was established in 1988. WMCC has an assigned staff of 527 total positions. WMCC does not house youthful offenders. WMCC maintains cameras throughout the facility to enhance staff coverage.

WMCC provides programming, classification, and treatment to encourage individualized progression. WMCC provides offenders a number of detail assignments to include vocational programs. Recreational activities are available to all offenders.

The facility design allows for separation of offenders and or staff subsequent to an allegation of sexual abuse or harassment.

Number of standards exceeded: 5

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 0

<b>115.11</b>	<b>ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The agency has written policy D 1-8.13 mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines prevention, detection and responding to reports and mandates more specific procedures at the facility level.</p> <p>The PREA Coordinator, Vevia Sturm, and PREA Site Coordinators, Krista Helton, stated they have sufficient time and authority to develop and oversee compliance and each facility has a designated PREA Compliance Manager. The PREA Coordinator reports directly to Matt Briesacher, Legal Counsel, and the PREA Site Coordinator (also the Deputy Warden) reports directly to the Warden, which supports sufficient authority.</p>	
<b>115.12</b>	<b>CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>MDOC contracts with 4 community confinement facilities, though, the contracts had not been entered into or renewed on or since August 20, 2012, and did not contain PREA language. Nevertheless, auditors ascertained that these contracts were being re-bid (which was said to occur the same week of this PREA audit), PREA language had been added to the contracts, and auditors were provided this revised language to review.</p> <p>The agency contract administrator draws up the contracts while the probation/parole division does the monitoring. The PREA Coordinator reported that probation/parole monitors compliance of the community confinement facilities. Every 6 months, a "residential facility audit" is completed, which contains a PREA component and is forwarded to the PREA Coordinator for review.</p>	
<b>115.13</b>	<b>SUPERVISION AND MONITORING</b>
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 mandates that each facility maintains a staffing plan that provides for adequate staffing levels as well as an annual review of the staffing plan which includes the consultation of the PREA Coordinator. The average daily number of offenders at WMCC is 1947 and the staffing plan is predicated on a maximum base of 1958 offenders. Each required element was well documented in "The PREA Staffing and Yearly Reporting Implementation Team" report, which was provided for auditor review. Regarding deviations from the staffing plan, it states, "Deviations from those established staffing patterns is reflected within shift summary reports, custody staffing rosters, custody overtime</p>	

records and shift chronological logs. This documentation may include notation within activity logs reflecting activities that were cancelled or rescheduled to a time when adequate supervision was present.” WMCC provided documentation of justifications for deviating from the staffing plan and agency and facility policy requires this documentation.

Agency policy D1-8.13 and facility policy SOP D1-8.13 mandates unannounced rounds by supervisory staff. This is achieved through post orders for custody supervisory staff. “Additionally, chief administrative officers ensure all staff post orders include a general order prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.” These rounds are documented on the staff sign-in logs, which auditors reviewed throughout the facility.

Auditors felt like WMCC exceeded this standard due to the creation of the Implementation Team and “The PREA Staffing and Yearly Implementation Team” report as well as the thoroughness of the documentation provided, both in quantity and quality.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 prohibits the placement of youthful offenders in a housing unit in which they would have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. WMCC, however, does not house youthful offenders.

In assessing the compliance at the agency level, auditors noted that State of Missouri regulation, Chapter 217 Department of Corrections Section 217.345, prohibits the placement of youthful offenders with adult offenders and requires physical separation and separate housing units. Institutional Services Procedure Manual, IS5-1.1 Diagnostic Center Reception and Orientation, outlines the procedure for notification, transportation, and housing of youthful offenders in the event one is admitted. Institutional Services Procedure Manual, IS5-3.1 Offender Housing Assignments, states, “youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made).”

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy addresses 115.15(a), (d), (e), and (f), while (b) is N/A. Institutional Services Procedure Manual, IS20-1.3 (Draft) mandates male offender pat searches to be conducted by same gender staff when multiple officers are present and cross gender pat searches of female offenders only under exigent circumstances. In the event a cross gender pat search of a female offender occurs, a cross gender search form and report is submitted to the PREA Site Coordinator for review to ensure that

exigent circumstances did in fact warrant the search. Cross gender strip searches are allowed only under exigent circumstances. The Procedure Manual outlines the procedures for strip searches and cross gender strip searches, which mandates the use of a cross gender strip search form and report to be submitted to the PREA Site Coordinator for review also. The PREA Site Coordinator documents their review of the cross gender searches on the Cross Gender Search Review form, which accounts for whether the circumstances were determined to be exigent. If exigent circumstances were not present, the Cross Gender Search Review form prompts a referral for investigation and an account of corrective action taken. Zero (0) cross gender searches occurred during the reporting period.

Wooden privacy barriers built, by the offenders, further enable privacy for offenders when using the toilet and/or changing clothing. This was an innovative and cost effective way to increase offender privacy when the physical plant of the facility would not have otherwise allowed.

Agency policy D1-8.13 and WMCC policy SOP D1-8.13 mandates the announcing of opposite gender staff upon entering the living unit, as “Attention a female is in the living area”. These announcements are documented on the Chronological Log in the “bubble” of each unit. Auditors reviewed logs and both staff and offender interviews corroborated the opposite gender announcements.

Auditors reviewed the “Searches” training, in which cross gender pat searches are covered in the lesson plan and by video as well. The lesson plan indicates that the MDOC standard [for searching transgender offenders] is: Transgendered individuals should be frisk/pat searched according to the criteria of the location where they are housed (e.g. adhere to male procedure if located at a male facility/male housing area; adhere to the female procedure if housed at a female facility/female housing area. Newer draft curriculum further specifies that, “Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender’s upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search.”

Thorough policy language and documentation, along with the creation of the wooden privacy barriers, was evidence of WMCC exceeding the standard.

<b>115.16</b>	<b>INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

MDOC has established procedures, in policy D1-8.13, for disabled and limited English proficient offenders to benefit from all aspects of their PREA efforts. Furthermore, WMCC SOP D1-8.13 specifies that offender/staff interpreters are only to be used in exigent circumstances and only until an outside interpreter can be arranged. PREA brochures and acknowledgement forms are available in nine languages, posters are available in English and Spanish, the NIC Speaking Up video is used along with its written transcripts. The brochure is available in Braille for blind offenders and WMCC has an-SOP D5-5.1 Deaf and Hard of Hearing offenders --which outlines where to seek such services and is also posted throughout the facility. Auditors reviewed a statewide contract for interpretive services including sign language and many services for the deaf as well as many others for other language interpretation services. Specifically for WMCC, documentation and an invoice for the use of services of Bridge

Interpreting, Inc. was provided and described services as being for “Interpretive services for a PREA assessment to be competed”.

Auditors noted Spanish and English signs posted throughout the facility. Auditors interviewed a hard of hearing offender as well as a limited English proficient offender, who both indicated that they received and understood the facility’s policies and rules against sexual abuse and sexual harassment.

The avenues that WMCC has secured to ensure that disabled and limited English proficient offenders have equal opportunity to benefit from all aspects of their PREA efforts is impressive and beyond that required in the standards.

<b>115.17</b>	<b>HIRING AND PROMOTION DECISIONS</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

MDOC policy D1-8.13 as well as facility policy SOP D1-8.13 prohibits the hiring or promoting of anyone that 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. These policies also mandate the consideration of sexual harassment in determining whether to hire or promote.

MDOC policy D2-2.2 Background Investigations further addresses background checks. This policy explicitly outlines all elements required for background investigations of all staff members (which is defined to include permanent, part-time, temporary, hourly, per diem employees and contractors, volunteers, and student interns). Part of this extensive background investigation is a criminal records check by running a query through the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) system. It also specifies, for promotions and other appointments, that “a check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for sustained allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is promoted or considered for other appointments.”

Both agency and facility policy (D1-8.13 and D2-2.2) as well as the employment application assert that material omissions are grounds for termination and address the contacting of previous institutional employers. MDOC Department Procedure Manual D2-11.14 Annual Employment Requirements, asserts that criminal history checks are conducted annually, congruent to the employee’s birth month.

Auditors ascertained, regarding the release of information about former employee misconduct, that the agency is able to provide such information if the former employee were to be charged with offender sexual abuse (as it would be a public record). They would be prohibited in providing information on sustained administrative cases, however, unless they had obtained the written consent of the former employee.

During the reporting period, WMCC had 113 new hire employees; all of which had background checks and enlisted the services of 455 contractors. Auditors randomly pulled employee files; each contained records of background checks and the auditor was also provided the compilation of contractor background checks to review as well. Documentation of promoted employees also contained internal inquiries regarding misconduct involving sexual abuse or sexual harassment.

Based on background checks being done annually and the comprehensive nature of the background investigations and policy thereof, in addition to the demonstration of practice, WMCC exceeds this standard.

**115.18 UPGRADES TO FACILITIES AND TECHNOLOGY**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Though, there were no substantial expansions or modifications at WMCC, the warden noted several adjustments that had been implemented in an effort to increase sexual safety and offender privacy; i.e. increased lighting, additional cameras, wooden privacy barriers.

As of early July 2014, relevant PREA standards were added to the Design Info Packet, used for modification or expansion projects. Auditors were provided email communication as evidence of this change in practice.

In addition, agency procedure D4-4.8 Security Camera Operations contains the language of 115.18(b).

**115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

WMCC conducts their own criminal and administrative investigations. MO DOC Procedure D1-8.8 Evidence Collection, Accountability and Disposal extensively outlines the agency's uniform evidence protocol, which appears to be substantially congruent with "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." Interviews of investigative staff as well as random and specialized staff indicated the application of this protocol. Knowledge of evidence collection and securing the crime scene was consistent.

All forensic exams are conducted off site by SANE's and agency policy D1-8.13, Section G. Health Services Care, delineates the protocol thereof. During the reporting period, nine (9) offenders were sent for forensic exams and all were conducted by SANE's. A victim advocate is offered at the hospital, to accompany an offender through the exam process. This protocol asserts that a WMCC QMHP (Qualified Mental Health Professional) will assess a victim within 2 hours of receiving notification (or within 2 hours of the offender returning from a SANE). It was reported that the local community-based organization has very limited resources to offer, though, it is recommended that WMCC continue to attempt to obtain services from the community-based organization. While on-site, auditors learned that WMCC



has designated the position of chaplain as a victim advocate and acquired off site advocacy training. Interview of the chaplain indicated the application of the training received and of examples of services that had been provided to offenders.

**115.22 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does ensure that an investigation is completed for all allegations of sexual abuse or sexual harassment and is mandated by agency policy D1-8.13 and facility policy SOP D1-8.13. Administrative investigations are conducted by Administrative Inquiry Officers while criminal investigations are conducted by the office of the inspector general. There were 72 allegations during the reporting period, which resulted in 42 administrative investigations and 30 criminal investigations. Policy requires that all sustained investigations are referred for prosecution and the PREA Coordinator has a tracking system for each referral and account of each case’s status referral status.

MDOC has a PREA link on their website under “Resources.” From this link, annual aggregated sexual abuse data can be viewed as well as an overview of PREA, the agency’s zero-tolerance policy, third party reporting information, and other relevant resources such as the PREA Resource Center and Just Detention International.

**115.31 EMPLOYEE TRAINING**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Required training elements of 115.31(a) were reviewed by auditors in the training curriculum that has been in use during the reporting period, with the exception of 115.31(a)(9)-How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders. However, the training curriculum has already been enhanced and revised to include this missing element. During the reporting period, 113 new staff were hired; all of which received this training. MDOC policy D1-8.13 mandates initial PREA training upon hire and then refreshers every two years. In the off-year, between refreshers, policy states, “the department’s training staff members shall provide current information on sexual abuse and sexual harassment policies.”

In addition, if a staff member is reassigned or is transferred from a facility that houses female offenders to a facility that houses male offenders (or vice versa), agency and facility policy D1-8.13 requires that staff member to receive gender specific training as part of their orientation process.

Auditors reviewed training records of new staff members as well as those that had worked at WMCC for many years. Records of initial PREA training were found in all employee files. Refresher training is completed online and documentation was housed in the training building. Auditors reviewed those training records as well. Training acknowledgement forms were signed by the employees and indicated

that that had received and understood the training.

**115.32 VOLUNTEER AND CONTRACTOR TRAINING**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy and facility SOP D1-8.13 mandate training for volunteers and contractors, just as it does for all staff members. MDOC's definition of staff member includes volunteers and contractors. Auditors reviewed the lesson plan for "Volunteers in Corrections Training" and "Offender Work Release Procedures Training," which contains information about MDOC's zero tolerance policy as well as the definitions of sexual abuse and sexual harassment, red flags of offender-on-offender sexual abuse, and reporting requirements. Volunteers and contractors are also given a brochure which contains the information as well.

There were a total of 208 volunteers and contractors trained which breaks down as follows: 45 medical, 7 mental health, 69 volunteers (home-based), and 87 work release supervisors. Auditors reviewed signed acknowledgement forms.

**115.33 INMATE EDUCATION**

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

**Auditor comments, including corrective actions needed if does not meet standard**

All offenders do receive PREA education upon intake. MDOC utilizes the Speaking Up video, PREA brochures, and posters visible throughout the facility. At WMCC, 1896 offenders during the reporting period received PREA education and, of those, 1673 offenders were also provided comprehensive education within 30 days. It was reported that the 223 offenders that did not receive the comprehensive PREA education was "due to being placed in Temporary Administrative Segregation Confinement upon arrival, or due to not being able to verify by sign in logs that comprehensive education was received." It was also provided that, "Housing Unit Ten staff has implemented a log to ensure offender's received comprehensive PREA Education. A procedure has been put in place ensuring offenders being placed in Administrative Segregation receive comprehensive training within 30 days of intake."

A statewide directive from the Agency Director of Adult Institutions was issued in August 2012 to all wardens regarding the requirements of offender PREA education. A directive, specific to WMCC, was issued by the Deputy Warden/PREA Site Coordinator in August 2013 regarding all requirements of offender PREA education, to include education upon intake and within 30 days of intake. This directive for WMCC required the entire current offender population to be given the PREA brochure and to sign the offender acknowledgement form on August 8, 2013. It also iterated that the brochures would be continuously available in offender common areas.

As noted in 115.16 comments, offender education is available in a variety of formats and is accessible to offenders who are limited English proficient, deaf, visually impaired, or are otherwise disabled.

Auditors reviewed the offender PREA material and noted that pertinent information was contained therein; i.e. offenders' right to be free from sexual abuse and sexual harassment, avenues of reporting, zero tolerance policy. Auditors also reviewed samples of offender acknowledgement forms, of newer offenders as well as veteran offenders. Posters were abundantly visible in all areas of the institution and offenders reportedly consistently throughout the interviews that they understood avenues of reporting and their right to be free from sexual abuse and sexual harassment. It seemed that offenders had confidence in the reporting system and that reports are taken seriously. Policy, however, could be enhanced to include the requirement of the 30 day comprehensive education as well as requiring the PREA education upon transfer to another facility.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency and facility SOP D1-8.13 mandates specialized training for all investigators and administrative inquiry officers. Designated staff members in the inspector general's office provide the training. There are 5 modules that comprise this specialized training, for a total of 36 hours of specialized training which is very extensive, addresses the effects of agency culture on sexual abuse investigations, mock crime scene investigations, panel discussion, and incorporates many external expert resources and publications.

MDOC has a total of 41 investigators; 3 of which are employed at WMCC. Auditors reviewed training records of the WMCC investigators and, in addition, the application of the training was evident in the interviews conducted.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency and facility SOP D1-8.13 mandates annual specialized training for medical and mental health staff. This specialized training is four hours in length and contains the required elements of 115.35 along with relevant scenarios and group activities.

WMCC employs 45 medical staff and 7 mental health staff. All received the specialized training. Auditors reviewed training records of the WMCC medical and mental health staff members. In addition, the application and retention of the training was evident during the interviews conducted.

Forensic exams are not conducted at WMCC.

**115.41 SCREENING FOR VICTIMIZATION AND ABUSIVENESS**

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Offenders are assessed for risk of victimization and abusiveness. Agency policy and facility SOP D1-8.13 specifically covers 115.41(a), (b), (f), (g), and (h). 1890 offenders that were admitted at WMCC during the reporting period and were assessed within 72 hours of arrival. 6 offenders were reportedly not assessed within 72 hours; 5 of which were due to staff error, though, they have since been completed. 1816 were re-assessed within 30 days of arrival. 80 were reportedly late due to staff error, outcount, release, or transfer and with the exception of 17 transfers/releases, all were subsequently completed.

MDOC utilizes a "PREA Risk Assessment" as a means of internal classification to keep separate those offenders who are at a high risk sexual victimization from those that are at a high risk of being sexually abusive. MDOC procedure IS5-2.3 Offender Internal Classification outlines the implementation of the risk assessment instrument and its use in internal classification. These procedures specify that, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." Training, documentation, reclassification, and other aspects of implementation are detailed therein.

The instrument contains all required elements of 115.41(d) and (e) and is completed and stored electronically. Each assessment results in a computer-generated score and offender classification of Alpha, Kappa, or Sigma which is considered when housing, bed, program, education, and work assignments are made. Auditors were provided a breakdown of the WMCC offender population, by internal classification type. MDOC utilizes a coding system, assigning a letter to each of the classification types, as a measure of implementing controls on this information.

It was estimated that currently about 90% of the offender population had been classified as Kappa, which designates an offender as neither vulnerable nor aggressive. Auditors were informed that an enhancement to the risk screening instrument was recently implemented and is anticipated that this enhancement is likely to result in an increase in the number of offenders designated as vulnerable and aggressive.

Interviews of specialized staff indicated that the PREA Risk Assessment information and its purpose was well known and applied throughout facility operations.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

The use of screening information was evident to auditors throughout review of documentation and from interviews and conversations with staff. The use of the screening information is also guided by the MDOC procedure IS18-1.1 Required Activities, which in part states, "Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending

programming together in accordance with institutional services procedures regarding offender internal classification.” Work supervisors are provided screening information to ensure the appropriate offender supervision and specific internal classification types are designated for each housing unit.

WMCC reported that have had no transgender offenders to date. MDOC has, however, created a Transgender/Intersex Committee that is charged with making the housing decisions of transgender or intersex offenders, which, “shall not be made based solely on genitalia but must consider the offender’s health and safety and the security of the facility.” Though, there were no instances of this process being applied, a template Transgender Committee Memorandum was created and disbursed to all facilities as a means to document the process, when it occurs. MDOC procedure IS5-3.1 Offender Housing Assignments asserts that, as part of the duties of a facility’s Transgender Committee, that it “will review the housing assignments every 6 (six) months” and that transgender or intersex offenders will be given the opportunity to shower separately in accordance with a facility’s SOP.

It was noted by auditors that many of the identified gay offenders at WMCC were housed in the same housing unit and during offender interviews it was noted by an offender “that’s the unit you go to if you’re gay.” Upon inquiry auditors were informed that there is no designated unit for gay offenders, however, the gay offenders that were housed in that unit were there due to risk assessment factors according to the housing plan and use of the screening information, like all other offenders.

<b>115.43</b>	<b>PROTECTIVE CUSTODY</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy and facility SOP D1-8.13 asserts that, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” An assessment for least restrictive housing is mandated within 24 hours and least restrictive housing options are listed.

The pre-audit documentation review indicated there were zero (0) offenders placed in involuntary segregated housing, for any length of time, due to being at high risk for sexual victimization. However, auditors noted while on site that while offenders did not appear to be involuntarily placed in segregated housing as a result of the risk assessment, it did appear and was reported that offenders (potential victims or otherwise) are sometimes placed in segregated housing pending investigation. Several offenders reported that to be the norm. With a more in-depth review of investigations and further inquiry, auditors found that the majority of instances were reports generated from offenders already housed in segregation, thus, they remained in segregation. Beyond those cases, there were instances where the segregation was voluntary. Some of the instances were that of involuntary segregation that offered some documentation of justification, though, auditors felt it could be stronger. Specifically, the MDOC PREA Event Checklist does document the “recommended housing placement” and if segregated housing is used there is a space to note the reason no alternative housing was considered. It is the auditors recommendation that this documentation be strengthened; to elaborate further as to 1) the basis for the facility’s concern for the offender’s safety, and 2) the reason no alternative housing was arranged as well as opportunities that have been limited, the duration of the limitation, and the reasons for such limitations pursuant to 115.43(b).

WMCC has made great progress in advancing its culture to reflect the intentions of the PREA standards. While maintaining safety and security of offenders is paramount, WMCC should continue to perpetuate further change in their offender reporting culture by enhancing efforts in considering least restrictive housing to potential victims.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency and facility provides multiple avenues of offender reporting: verbally or in writing to staff; crime tips hotline, PREA hotline, via the grievance process, or to the Department of Public Safety. The hotline calls can be made anonymously, in which an audio message is recorded and conveyed to the investigative unit. As an avenue of reporting to a public or private entity that is not part of the agency, offenders can write to the Department of Public Safety and are provided that information and address in the offender PREA brochure.

Offenders reported that they were comfortable in reporting to staff and there were no indications during interviews that offenders were reporting and not being responded to. Staff reported that they accept reports from offenders in writing and from third parties, and that they would treat any reports in the same manner and according to the coordinated response protocol.

Offenders are not detained at WMCC for civil immigration purposes.

Staff can report privately in a number of ways, to include calling the Crime Tips hotline, Staff Tips hotline, Department of Public Safety, or to administration.

Auditors reviewed an MOU between MDOC and the Department of Public Safety in which responsibilities of each entity was outlined in the event that an allegation of sexual abuse or sexual harassment is received. The entities have established a Sharepoint application as a mutually accessible access point for each to share and refer allegations. This was established in July 2013.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

WMCC is not exempt from this standard, as they do have administrative procedures to address offender grievances. Agency policy and facility SOP D1-8.13 specify that there is no limit imposed on offender sexual abuse grievances, that they can be submitted to a staff member who is not the subject of the grievance, and that there is no informal resolution required.

Regarding 115.52(f) and (g), policy D5-3.2 language which further specifies the IRR/grievance process is pending and the agency is implementing practice through a directive issued in January 2014 by the

MDOC Director of the Division of Adult Institutions, enacting a revised grievance flow chart.

Auditors found some contradiction to the policy language and the IRR/grievance material given to offenders and feel compelled to make recommendations to clarify the requirements of 115.52.

- Initial confusion was created by the term “informal resolution request,” when requiring informal resolution is contradictory to 115.52. However, policy language does provide that offenders are not required to submit an IRR for sexual abuse grievances. Whether staff and offenders are aware of that, is unclear.
- While policy language exists in draft policy D5-3.2 regarding emergency sexual abuse grievances; that information is not echoed in the R&O Packet which is provided to offenders upon intake nor is it provided to offenders in any other forum. Thus, offenders may not be aware of their right to file an emergency grievance alleging imminent sexual abuse. The PREA grievance information exhibited on the offender TV also does not address emergency grievances. Auditors recommend that this be strengthened.
- The revised flow chart, alluded to in the Division Director’s directive and in the PREA Grievance Training, does not adequately address staff responsibility relative to emergency grievances or what constitutes an emergency grievance. It also asserts a requirement of a 15 day period to file, which contradicts agency policy and 115.52(b)(1).
- It is likely to be confusing for a reader to differentiate, or be alerted to the proper application of, agency policy D5-3.2 section “F. Emergency Informal Resolution Requests” as opposed to section “O. PREA-Emergency Informal Resolution Requests” or section “K. Informal Resolution Request Process” as opposed to section “N. PREA-Informal Resolution Request,” for example. Moreover, when time limits are imposed or are not imposed is very sporadic throughout the policy and is likely to be difficult to implement in practice.

There were 5 sexual abuse grievances filed during the reporting period; one of which did not reach a final decision within 90 days and one still pending. These are logged on a spreadsheet tracking the date of receipt and completion, extension (if applicable), etc. There were no emergency sexual abuse grievances reported by WMCC.

<b>115.53</b>	<b>INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.53

WMCC provides offenders with access to outside victim advocates by providing addresses and telephone numbers to; Just Detention International and the Rape, Abuse and Incest National Network (RAINN). Offenders are able to call RAINN and write JDI. The information is provided to offenders via printed materials posted throughout the facility. The information provided to offenders includes a notice that mail may be subject to examination and phone calls are subject to monitoring. Most offenders interviewed seemed to be aware of their access to these services.

WMCC has an established memorandum of agreement with the YWCA St. Joseph to provide community



based victim advocacy services to WMCC offenders.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

WMCC provides a grievance procedure “Offender Complaint to Staff Member”, PREA Crisis hotline, accepts verbal/written reports from family and accepts reports from the advocacy agency. WMCC also has a website which publishes information on how and who to report via third-party for incidents of sexual abuse or sexual harassment. The link to the website is provided below.

<http://doc.mo.gov/OD/PREA.php>.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 outlines compliance with Standard 115.61.

The agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The policy further requires the same for any incident of retaliation involving a staff member or offender.

The policy dictates no staff shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary.

The policy dictates medical and mental health shall be required to report and inform the offender of their duty to report at the initiation of services and advise the offender of limitations of confidentiality.

The policy dictates an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

Staff members interviewed were able to articulate their duties and responsibilities subsequent to a report of sexual abuse or harassment.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 outlines compliance with Standard 115.62.



All staff interviewed, as well as the Agency Head and Warden, reported they would take immediate action if they learned an offender was subject to a substantial risk of imminent sexual abuse. For this audit period WMCC reported no instances of substantial risk of imminent sexual abuse to any offender.

WMCC also maintains a directive for segregated housing for protective custody that outlines procedures for offenders identified as high risk for victimization.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

During the reporting period, WMCC reported 11 allegations of an offender being abused at another facility. WMCC also reported the number of allegations WMCC received from other facilities as 3.

There was not a policy or policy statement that dictated the requirement of notifications between facilities being made within 72 hours. WMCC provided documentation of 2 allegations made by an offender who reported being sexually abused at another facility. The documentation indicated notification was made to the other facility by WMCC staff and appeared to be within the 72 hour time frame.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D 1 8.13 dictates compliance with Standard 115.64

WMCC also has a coordinated response protocol which outlines duties of first responders which includes; separating the alleged victim, preserving and protecting the crime scene and taking measures in regards to the victim to preserve physical evidence.

Staff members interviewed were able to articulate coordinated response measures dictated by policy and training.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

The WMCC "Coordinated Response to Offender Sexual Abuse" is the facility's written institutional plan of coordinated actions in the case of offender sexual abuse. This plan accounts for coordination among staff first responders, medical and mental health staff, investigators, and facility leadership which

contains very detailed direction distinguishing the duties of each staff member. The “Coordinated Response to Offender Sexual Abuse” is a five-page handout that outlines immediate response on the floor for first responders, supervisors, medical, mental health, investigators, PCM, and PREA Coordinator. The PREA training lesson plan also clearly outlines these actions, to be taken by staff in the event of sexual abuse of an offender.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D2-11.6 Labor Organizations dictates compliance with Standard 115.66.

The policy clearly outlines WMCC will not enter into any collective bargaining agreement that limits the ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

WMCC did provide the agreement between The Department of Corrections State of Missouri and The Missouri Corrections Officers Association (MOCO). The agreement was originally effective February 1, 2007 through January 31, 2011. The agreement was extended through August 31, 2011.

Additional documentation provided by WMCC denotes the labor agreement was extended additionally from March 1, 2013 until the earlier of either the date that a new labor agreement is reached or February 28, 2014.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 contains the elements of Standard 115.67.

The policy states the PREA Site Coordinator is responsible for monitoring retaliation.

The policy dictates multiple measures shall be employed as means of protection for staff and offenders who fear retaliation for reporting an incident of sexual abuse or sexual harassment.

The policy dictates monitoring shall occur for a minimum of 90 days. The policy also dictates monitoring would continue for an additional 90 days or until the victim or the reporter are no longer in fear of retaliation or the investigational inquiry disposition was unfounded.

The items monitored are those listed in the elements of this standard. WMCC utilizes an Assessment/Retaliation checklist to document monitoring efforts.

The policy dictates periodic status checks are completed every 30 days.

The policy dictates any individual who cooperates with an investigation and expresses fear of retaliation, the facility will take appropriate measures to protect the individual from retaliation.

The policy dictates monitoring will conclude when it is determined the allegation is unfounded.

WMCC provided documented examples of monitoring incidents.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.68.

The policy dictates offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made.

The policy dictates the facility shall review the offender’s status every 30 days to determine the need for continued segregation.

The policy does not address or provide for what privileges, access to programs and work opportunities are available to offenders placed in involuntary segregation or if it is documented what access has been limited, the duration of any limitation, or the reason(s) they are limited.

WMCC provided a directive which indicates that work and programming assignments that the victim was participating in and is unable to attend due to administrative segregation assignment will be reviewed and documented by a segregation review committee.

Auditors reviewed investigation reports and documentation noting WMCC considers alternatives to involuntary segregation in accordance with standard 115.43. As stated in the comments of 115.43, WMCC should continue to perpetuate further change in their offender reporting culture by enhancing efforts in considering least restrictive housing to potential victims.

**115.71 CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D 1-8.1 and D 1-8.4 dictate compliance with Standard 115.71.

WMCC’s investigation division is under the jurisdiction of the Inspector General’s office. WMCC investigators maintain specialized training in sexual abuse investigations. Investigators conduct administrative and criminal investigations.

Investigators are trained to collect and preserve evidence, interviewing, report writing and continuing an investigation to prosecution when warranted. Investigation reports are well documented and are maintained by the agency. Both policy and practice supported that all sustained cases were referred for prosecution. The PREA Coordinator has a tracking system which accounts for each referral and the status thereof.

WMCC provided investigations for pre-audit review as supporting documentation. Auditors were also able to review investigation files on-site.

The agency investigator interviewed was able to articulate elements of this standard and provided elements of agency training and investigations protocol.

**115.72 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates facility does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated (or “sustained”). Review of the investigations supported this as practice.

**115.73 REPORTING TO 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates facility compliance with Standard 115.73.

The policy dictates, upon the conclusion of an investigation, the facility informs the offender whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73(b) is not applicable to this audit.

The policy dictates that following an allegation involving staff-on-offender sexual abuse, (unless determined to be unfounded) the facility informs the offender when; the staff member is no longer posted within the offender’s living unit, the staff member is no longer employed at the facility, the agency learns the staff member has been indicted on a charge related to sexual abuse, or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Coordinator is charged with providing this offender notification.

The policy dictates that, following an offender’s allegation he/she has been abused by another offender, the facility informs the alleged victim when; the agency has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Coordinator is charged with providing this offender notification.

The policy dictates the notifications shall be done in writing.

WMCC provided examples of documented notifications for auditor review.

**115.76 DISCIPLINARY SANCTIONS FOR STAFF**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 and Policy D2-11.10 dictate compliance with Standard 115.76.

The policy dictates staff are subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies.

The policy dictates termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy D2-11.10 Staff Member Conduct addresses incidents of staff misconduct of a sexual nature but excludes sexual abuse.

Policy D1-8.13 L dictates 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

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

**115.77 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.77.

The policy dictates contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement and relevant licensing bodies.

The policy further dictates the facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in cases of any other violations.

Policy D2-13.1 Volunteers addresses conduct pertinent to volunteers and dictates any allegation of sexual abuse or sexual harassment will be referred for investigation.

WMCC reported there were no incidents involving a contractor or volunteer to report to law enforcement or relevant licensing body during this audit period.

**115.78 DISCIPLINARY SANCTIONS FOR INMATES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.78.

The policy dictates offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse.

The policy dictates sanctions shall be commensurate with the nature of and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The policy dictates an offender’s mental disability or mental illness contributed to his behavior when determining sanction(s). WMCC provided documentation of the hearing review form where an offender’s mental status is accounted for.

The policy dictates if found guilty, the offender shall be referred for appropriate treatment to include therapy or counseling by mental health staff.

The policy dictates an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent.

WMCC sustained one administrative case for offender-on-offender sexual abuse during this audit period. WMCC sustained 2 criminal cases for offender -on- offender sexual abuse during this audit period.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy IS11-32 Receiving Intake Unit and D1-8.13 Offender Sexual Abuse and Harassment address compliance with Standard 115.81.

Both policies dictate that if an offender discloses victimization or perpetration of sexual abuse whether it occurred in an institutional setting or in the community, staff are to offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Adult Internal Risk Assessment (PREA screening) documents whether a mental health referral was accepted or declined and, if accepted, prompts staff to complete the mental health referral.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by state or local law.

Both policies dictate medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

WMCC also provided medical and mental health PREA event logs and offender confinement records as supporting documentation for this standard.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.82.

The policy dictates that offenders shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope of such services is to be determined by medical and mental health practitioners according to professional judgment. Documentation and specialized staff interviews supported this as practice.

The policy denotes:

*If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event 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 policy dictates that offender victims of sexual abuse while incarcerated shall be offered timely information about and time access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The policy dictates services will be provided to the victim without financial cost whether the victim names the abuser or cooperates with the investigation.

WMCC utilizes CORIZON as the medical provider and provided Part 2.4 of the contractual agreement between WMCC and CORIZON as supporting documentation denoting CORIZON's obligation to provide medical and mental health services to WMCC offenders in compliance with the PREA Standards.

The same contractual agreement denotes in the Offsite Hospital Care section, CORIZON will be responsible for and will arrange timely payment for all hospital care and related health care expenses.

**115.83 ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND**

	<b>ABUSERS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 dictates compliance with Standard 115.83.</p> <p>WMCC offers medical and mental health evaluations and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>The policy dictates follow-up services shall be provided and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.</p> <p>The policy and practice indicates that WMCC provides services consistent with the community level of care.</p> <p>The policy dictates victims of sexual abuse shall be offered prophylaxis for sexually transmitted infections, which was also supported in an offender (who had reported sexual abuse) interview.</p> <p>115.83(d), (e), do not apply as WMCC is an all-male facility.</p> <p>The policy dictates treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.</p> <p>The policy dictates an offender perpetrator of sexual abuse shall receive mental health evaluation by a qualified mental health practitioner within 60 days of learning of such abuse.</p>	
<b>115.86</b>	<b>SEXUAL ABUSE INCIDENT REVIEWS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 (section H. 5) addresses compliance with Standard 115.86.</p> <p>The policy dictates WMCC shall conduct a sexual abuse incident review, or “debriefings,” at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation was determined to be unfounded. It is documented on the PREA sexual abuse debriefing form and submitted to the PREA Coordinator, Chief Administrative Officer, and assistant division director.</p> <p>The policy dictates such reviews shall be held within 30 days of a formal investigation, that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, and that facilities shall implement the recommendations for improvement or document its reasons for not doing so.</p>	



WMCC provided as supporting documentation a sample review which documented all elements of Standard 115.86(d) 1-6. Auditors also noted, during interviews, that various specialized staff and administration alluded to the debriefings and of incorporating recommendations thereof.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.87.

The policy describes the collection of uniform data by the PREA Coordinator. Data is collected and reported on BJS Survey of Sexual Violence in addition to maintaining data in the information network (COIN) system. Policy and practice indicated that data is collected annually, at a minimum.

WMCC provided documentation of monthly incident based data and the annual report by facility for 2013.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.88.

The policy outlines the PREA Coordinator's responsibilities in collecting and aggregating data and preparing an annual report, pursuant to 115.88. Data was available and was reviewed by auditors on the agency's website.

Data is collected and used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Problem areas are identified and corrective actions are noted on an ongoing basis. The agency prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The report(s) compares data from previous years along with corrective actions and denotes the agency's progress in addressing sexual abuse.

The reports are submitted and approved by the agency head, the PREA Coordinator, and are provided on the agency's website. The website was reviewed by auditors and was found to be compliant with element(s) of this standard.

The agency redacts specific material from reports when publication would present a clear and specific threat to the safety and security of a facility. The agency indicates the nature of the material redacted.

WMCC provided the WMCC PREA yearly report for 2013 and the Missouri Department of Corrections yearly PREA report for 2013 as supporting documentation.

**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)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 and practice assert that data is securely retained. Data is available via website and can be viewed by the public. Personal information is redacted.

**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 agency under review.



10/23/14

\_\_\_\_\_  
Auditor Signature-Talia Labouchardiere

\_\_\_\_\_  
Date



10/23/14

\_\_\_\_\_  
Auditor Signature-Mark Mora

\_\_\_\_\_  
Date