

**PREA AUDIT REPORT     Interim   X Final**  
**ADULT PRISONS & JAILS**

**Date of report:** July 3<sup>rd</sup>, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Alison Yancey			
<b>Address:</b> 9310 South State Road 67 Pendleton, Indiana 46064			
<b>Email:</b> <a href="mailto:ayancey@idoc.in.gov">ayancey@idoc.in.gov</a>			
<b>Telephone number:</b> 765-778-3778			
<b>Date of facility visit:</b> June 12 <sup>th</sup> , 13 <sup>th</sup> and 14 <sup>th</sup> , 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Eastern Reception Diagnostic @ Correctional Center			
<b>Facility physical address:</b> 2727 Hwy K Bonne Terre, MO 63628			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 573-358-5516			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Troy Steele			
<b>Number of staff assigned to the facility in the last 12 months:</b> 751			
<b>Designed facility capacity:</b> 3100			
<b>Current population of facility:</b> 2986			
<b>Facility security levels/inmate custody levels:</b> C5/C2 Medium/Maximum			
<b>Age range of the population:</b> 18 and up			
<b>Name of PREA Compliance Manager:</b> Teri Lawson		<b>Title:</b> Deputy Warden	
<b>Email address:</b> <a href="mailto:teri.lawson@doc.mo.gov">teri.lawson@doc.mo.gov</a>		<b>Telephone number:</b> 573-358-5516	
<b>Agency Information</b>			
<b>Name of agency:</b> Missouri Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 2729 Plaza Drive P.O. Box 236 Jefferson City, MO 65102			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 573-751-2389			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Anne Precythe		<b>Title:</b> Director, Missouri Department of Corrections	
<b>Email address:</b> <a href="mailto:Anne.Precythe@doc.mo.gov">Anne.Precythe@doc.mo.gov</a>		<b>Telephone number:</b> 573-358-5516	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Vevia Sturm		<b>Title:</b> Prea Coordinator for the State of Missouri	
<b>Email address:</b> <a href="mailto:Vevia.Sturm@doc.mo.gov">Vevia.Sturm@doc.mo.gov</a>		<b>Telephone number:</b> 573-358-5516	

## AUDIT FINDINGS

### NARRATIVE

A certified PREA Audit was conducted at the Eastern Reception Diagnostic & Correctional Center. The audit began on Monday, June 12<sup>th</sup> and concluded on Wednesday, June 14<sup>th</sup>, 2017. Assistance was received from Bryan Pearson. The audit began with a “meet and greet” of the Correctional Facility Executive Staff. Present were Warden Troy Steele, Deputy Warden Teri Lawson, PREA Coordinator Vevia Sturm. The audit process was discussed along with a tentative schedule of events.

ERDCC has a total of 11 housing units. Six units are designated for the offenders housed long term in the facility. Four housing units are for the Reception Diagnostic Intake offenders. One housing unit is dorm style living for offenders working outside the fenced perimeter. The Housing units are a mix of two man cells and single cells. General population offenders live in two-man cells, while some Administration Segregation cells are one man and two-man cells. Protective Custody offenders live in one man cells. One housing unit is open cubicles with four men living in each area. Other buildings provide food service, health care, maintenance, storage and space for administrative offices. Programs include general library, law library, barbering, and Adult Basic Education and General Education development classes. The prison also has substance abuse treatment, psychotherapy and religious activities. Offenders are provided on site routine medical and dental care. Serious and emergency problems are treated via local community providers.

Six weeks in advance of the onsite audit, a flyer was sent to ERDCC to announce to all offenders and staff that a PREA Audit would be conducted. Offenders were given my address to write me with their concerns. The facility sent me a PREA Audit pre-audit questionnaire that was completed for me to review. This is a standard questionnaire that is completed by all facilities that are preparing for a PREA audit. The questionnaire was designed by the U.S. Department of Justice. The facility also sent policy, procedure and other relevant documents to support their answers to show PREA compliance. I reviewed this material two weeks in advance of the onsite audit.

Initially, I began by touring the entire facility. Most of the housing complexes were separated into four housing units for each building. Inside the housing units offenders were housed two to a cell. There was one staff person per unit and one control officer for the four housing units within one building. Control staff had a complete view of all four of the dayrooms and cells. Control staff also monitored the cameras for their complex. We toured recreation areas, dining areas, the school area and the medical area. Each building had either an office or control pod where cameras for the entire areas could be viewed. Each area toured had ample staff to supervise the offenders in their area. During the tour I observed camera placement, reviewed log books, spoke with staff and offenders as we toured the facility. Camera placement was appropriate. The facility was clean and the structure was sound. During the tour of the facility, I observed “Knock and Announce” procedures for female staff entering a unit were also being completed per policy. I reviewed log books to see that supervisors were making unannounced rounds to the different housing units. Offenders were able to shower and dress in a covered area unexposed to staff view.

After the tour, I requested documentation from the following departments of the facility, Personnel, Training records, and Investigation files. Ten training records and personnel files were reviewed at random. All files did support the information already sent for examples of compliance by the facility. Thirty-One investigation files were reviewed to make sure the facility was responding to reports of sexual abuse or sexual harassment and following the protocol set by the PREA standards. Twenty-One assessment and PREA education files were reviewed. All assessments were completed within 72 hours of arrival and reviewed again within the 30 days of arrival. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival.

Twenty offenders were interviewed in a closed private office and the offenders answered questions regarding the PREA standards willingly and the facility’s ability to follow all of the standards. Offenders had all been educated on the PREA Zero Tolerance policy, and the offenders knew how to seek help for sexual abuse or sexual harassment. Offenders were questioned using the DOJ official offender audit instrument. Offenders were selected randomly from an Alpha listing of the offenders housed at the facility. Also, two of the offenders interviewed identified themselves as transgender. Three of the offenders were housed in restricted housing. An offender was interviewed from every housing unit. Bryan Pearson conducted the offender interviews. All offenders were forthcoming with information and felt staff would assist them if they reported sexual abuse or sexual harassment. I interviewed twenty five staff from various shifts and departments. The staff were chosen at random from the rosters and the areas that the staff worked. Staff were questioned using the Department of Justice official staff audit instrument regarding their knowledge of the PREA policy and how to prevent sexual abuse in their facility. I selected line staff working in each of the housing units and staff from each of the three shifts. I also interviewed custody supervisors, the investigator of the facility, medical and mental health staff, a volunteer, human resource staff, training staff, the Warden of the facility, a casework manager, contract staff, and the grievance coordinator for the facility, two intake staff and the PREA compliance coordinator. Staff have a good working knowledge of PREA information and how to report if there is an incident. Offenders interviewed also knew about PREA and how to report sexual abuse and/or sexual harassment.

On June 14th, 2017, we meet with Warden Troy Steele, Deputy Warden Teri Lawson, and PREA Coordinator Vevia Sturm. It was explained that the final audit results were pending. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment. We enjoyed the visit to ERDCC and meeting the staff that are dedicated to the safety of all who enter and are housed at the facility.



## DESCRIPTION OF FACILITY CHARACTERISTICS

ERDCC is a Medium/Maximum Level, 3,000+ bed facility located on 213 acres, approximately one mile east of Highway 67 on Highway K in Bonne Terre, Missouri, which serves as the reception facility for male offenders committed by the courts in Eastern Missouri. The perimeter of the facility encompasses 76 acres, which has 19 buildings, including four reception and diagnostic housing units, one minimum security housing unit, six general population housing units, a building housing a gym, chapel, education, library, and general population medical unit, an industries building, a building that houses reception and diagnostic intake, food service, medical, records, psychology and custody supervisory offices. In addition, the administration building houses all administrative offices, the officers' assembly room, visiting entrance, main control center entry and armory.

Outside the perimeter are two buildings that include maintenance, the power plant, warehouse, the cook-chill operation and the institutional mail room.

Educational programs, a chemical products industry, both medical and mental health services, and religious services are available on site, as well as recreational activities.

The Classification Services department at ERDCC consists of (2) Assistant Wardens, Functional Unit Managers, Corrections Case Managers, Corrections Classification Assistants and Office Support Assistant's. These staff members are responsible for the daily operations of the Housing Units in which the offenders are housed. The majority of the housing units have a Functional Unit Manager, Case Manager and Office Support Assistant. Each housing unit holds approximately 288 offenders with the exception of our minimum security unit that holds 96 offenders. ERDCC has housing units for offenders who fall into any of the following categories:

- General Population
- Administrative Segregation
- Protective Custody
- Diagnostic Needs
- Work Release

ERDCC's Academic Education team consists of seven regular classroom teachers, three special education teachers, one office support assistant, and one education supervisor, as well as assistance by offender tutors. This school can serve up to 360 offenders at any given time. In addition to direct instruction within the classrooms, Academic Education provides other services to the offender population. Educational materials and testing opportunities are offered to offenders unavailable to attend school due to assignment to special housing units. Food Service employs 27 staff and 203 offenders and prepares approximately 8289 offender and 41 staff meals daily. ERDCC is a Cook-Chill Receptor Site, receiving a portion of our main entrée items from the Eastern Region Cook-Chill

facility. The majority of menu items are prepared fresh at ERDCC's production kitchen with the Cook-Chill items being re-thermed on site.

ERDCC serves the general population and reception and diagnostic offenders from three dining rooms, which seats 152 and a staff dining room. Administrative segregation offenders are fed in their housing units.

Eastern Reception Diagnostic and Correctional Center provides a full service library to meet the informational and recreational reading needs of offenders. The ERDCC Library houses over 13,500 items including fiction and non-fiction books, books on tape, reference materials, magazines, newspapers and catalogs. Photo copy services are provided following policy guidelines

## **SUMMARY OF AUDIT FINDINGS**

After a review of documentation, interviews and a facility tour, I found that ERDCC has policy and procedure in place to prevent, detect and respond to sexual abuse and sexual harassment. The staff at the facility work to create a safe environment. The Administrators continue to work on creating policy to prevent sexual abuse and harassment in the facility.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Agency has a Zero Tolerance policy and procedure for offenders and staff to report sexual abuse and harassment. This policy and procedure were provided by D1.8.13. "Offender Sexual Abuse and Harassment. This policy outlines the agency's approach to prevent, detect and respond to sexual abuse. This policy defines prohibited behaviors regarding sexual abuse and harassment. The agency policy also includes sanctions for staff, volunteers, contract staff and offenders that have participated in prohibited behaviors. This policy includes the strategies by the state to reduce and prevent sexual abuse inside the facility. All staff and offenders interviewed knew the zero tolerance policy and how to report sexual abuse and harassment. While touring I talked to staff and offenders that could explain to me what the zero tolerance policy was and how to report policy violations. The agency has a state PREA Coordinator and a compliance manager at the facility. The PREA State coordinator had one assistant and recently acquired 10 investigators statewide to investigate PREA allegations. When interviewed, the PREA Coordinator has enough time to complete her job and over see the efforts of the agency to prevent sexual abuse. The position of the PREA Coordinator is found in the agency's organizational chart and the coordinator reports to the Office of Professional Standards. All staff stated they had enough time to fulfill their duties and the documentation supported these statements.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Contract RFP's between other entities and MDOC includes language for the contractors to adopt and comply with PREA standards. Currently three contracts exist. All of the contracts require the agency to monitor the contractor's compliance with PREA standards. Documentation was reviewed to support that other entities were audited and were compliant with PREA standards.

### Standard 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)

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The staffing plan for the facility was provided for my review. Staffing rosters provided to me showed that the facility was providing adequate levels of staffing to supervise the offenders. There were over 500 hundred cameras placed strategically around the facility to deter incidents and support offender supervision. The facility states that there have not been any staffing deviations in the last year. I reviewed random rosters to see that this standard was being followed. Interviews with the PREA Coordinator, Warden, Human Resource Director, Major and random offenders supported that there is adequate staffing levels to supervise the offenders. The facility provided an organization chart and Shift rosters showing the amount of staff working on each shift. Cameras were reviewed for every area of the facility. Warden stated that policy is in place to document if the staffing plan was not followed. I reviewed the facility’s Annual PREA Report. The report provided a comprehensive over view of the potential problem areas of the facility and reviewed the placement of the cameras as it pertains to possible sexual abuse. A memo from the Divisional Director was given as documentation to the requirement of the review to be completed on an annual basis. The facility staff reviews the staffing plan at least once a year. During the tour, I did see sufficient staff to supervise the offenders. Post Order documentation was reviewed that stated “unannounced rounds will be made by all supervisors. Additionally, chief administrative officers shall 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. Post orders shall also require supervisors to record such rounds on the staff sign-in logs. I interviewed several line staff and supervisors that stated this policy was followed. I toured the facility and checked several log books which did have unannounced rounds written in the log books. I also reviewed shift supervisor signature logs of areas reviewed during the shift by the Captains. All offenders interviewed stated that they saw supervisors “white shirts” making unannounced rounds daily.

**Standard 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)

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This facility does not house youthful offenders. All offenders are 18 and over. This standard does not apply to this facility.

**Standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**



Policy IS20-1.3 Searches states that cross-gender strip searches can only be conducted in exigent circumstances and must be reported and documented. To date, the facility has not completed any cross-gender strip searches. Body cavity searches must be completed by medical staff. If an offender were to be stripped searched by a female staff member, it would have to be documented as I reviewed in the policy. We interviewed several offenders and staff members that stated cross-gender strip searches have not taken place in this facility. Female staff are not allowed to strip search an offender. Staff may not conduct a physical examination for the sole purpose of determining an offender's genital status. 100 percent of the staff received completed training on conducting cross-gender pat-down searches and searches of transgender offenders. I interviewed staff who all said they are taught to respectfully pat-down an offender. Training logs were viewed and staff interviewed stated that they had been trained to search offenders respectfully. I also reviewed 10 different training packets where I saw the documentation signed by the employees stating that they understood the Search policy and would abide by the policy. The packets were picked at random. I chose a few newly hired staff, a few 4 to 5 year staff and veteran staff packets to review. All facility staff, contractors and volunteers receive a refresher training annually. The facility has implemented policy D1-8.13 Offender Sexual Abuse and Harassment which allows offenders to shower, perform bodily functions and change clothing without opposite gender viewing. One of the ways designed to alert offenders that a female staff is working in the areas requires female staff to knock and announce their presence before entering a housing unit at the entrance. During interviews, offenders stated that the announcements are made. Interviews of staff also stated the announcements are made before females enter the units. While touring we did see that signs were posted in the units to knock and announce. Offenders are allowed to shower and dress without the opposite gender viewing breasts, buttocks or genitalia. Female staff are not allowed to strip search an offender.

**Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1 8.13 Offender Sexual Abuse and Harassment provides that the Agency has policy and procedure in place to provide disabled offenders the right and opportunity to benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and harassment. The facility has entered into contracting companies that provide interpreter services for all different languages for the offenders in which English is not their primary language. This also includes interpreter services for deaf, visually impaired, or otherwise disabled, as well as offenders that have limited reading skills. Documents were reviewed and contracts for outside interpreters were in place if needed. Interviews with staff also support the policy as being followed. Policy states that offender interpreters of any type are not used in this facility. I reviewed policy and I spoke with staff and offenders that state a contract service would be called in if an offender needed any services or needed to report any PREA related incidents. One offender interviewed was LEP. He was provided the PREA education materials in Spanish. Documentation was provided of an additional LEP offender being given the information in Spanish and the use of the interpretive services for the assessment.

### Standard 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)

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Policy D2.2.2 Background Investigation and Policy D1- 8.13 Offender Sexual Abuse and Harassment support all the requirements of this standard. Policy also reviewed for this standard was D2 2.8 Promotional Appointment, D2 13.1 Volunteers, and D2 13.2 Student Interns. All of these policies state that any potential employee, volunteer, contractor or intern cannot have any incidents of sexual harassment or a criminal record for sexual abuse. Employee applications have questions that cover element (a) of this standard that are asked of every applicant. The screening application is sent through the Missouri Uniform Law Enforcement system and the National Crime Information Center System. Several staff files were reviewed to assure compliance. I picked 10 random staff files to check that the Human Resource Department was completing the correct screening process as written by this standard. The Screening process was correct and all potential staff had a background check completed and were clear of any sexual abuse or harassment. Once hired or able to enter the facility, all employees, contractors, volunteers, and interns have a background check completed annually. If the employee is found to have a sexual offense against them, the staff will be subject to discipline up to and including termination. Promotions and transfers also seek to determine if any incidents of sexual harassment have occurred before promoting or accepting a transfer of staff from another facility The Agency requires a criminal background record check for all promotions and transfers.

### Standard 115.18 Upgrades to facilities and technologies

- 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)

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The facility has not made any expansions or modifications since August 20, 2012. The facility has not installed or updated their current video monitoring system. The facility currently has 522 cameras in operation at the facility.

### Standard 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)

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Policy D1.8.8 Evidence Collection, Accountability and Disposal and Policy D1.813 Offender Sexual Abuse and Harassment provide for evidence protocol based on a uniform evidence protocol. The facility has trained investigators to conduct the administrative investigations. The Attorney General's office was contacted for any criminal investigations prior to June 1, 2017. After that date, investigations will be handled by 10 trained investigators trained to investigate PREA incidents and supervised by the State PREA Coordinator. The facility has access to regional nurses contracted by Corizon that are trained and certified SANE nurses. All examinations occur at the facility by a SANE nurse. If a SANE nurse is not available, the offender will be transferred to Parkland Hospital. The facility utilizes nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations and is appropriate for youth. The facility offers all offenders a forensic medical examination for a sexual assault without financial cost to the offender. The Agency has several MOU's with community groups. These groups provide advocacy to victims of sexual assault. One of the MOU's is with the Southeast Missouri Family Violence Council to provide each victim with an advocate. The facility has two staff chaplains that are trained in victim advocacy. If the offender requests an advocate to provide emotional support while being examined, one is provided for the offender as written in the offender sexual abuse policy. There were two examinations performed in the last year, both examinations were completed correctly within the policy as written. Nursing packets were reviewed to check for the completion of training as a qualified SANE nurse. I interviewed two medical staff and both stated that only SANE nurses completed sexual assault examinations. I was also given a list of the qualified SANE nurses for the State of Missouri. Interviews with staff and offenders stated if there were to be a sexual assault that a SANE nurse and only a SANE nurse would perform the forensic exam for the offender.

#### **Standard 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)

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D1 8.1 Investigations and D1 8.4 Administrative Inquiries provide policy that covers the requirements of this standard. The review of 31 investigation files supported that the facility responded immediately in cases of imminent risk and promptly in all other cases. The response was according to the facility plan. Investigations were requested and approved by the Warden. Investigations appeared to be thorough and well documented. Forensic Exams were provided with a victim advocate. Criminal cases were referred for prosecution. Examples of investigations were provided with follow up documentation. Facility investigators start all administrative investigations. The Inspector General investigates all criminal investigations up to June 1<sup>st</sup>, 2017. After June 1<sup>st</sup>, all PREA allegations of sexual abuse are now processed by the 10 special investigators under the supervision of the PREA Coordinator for the state of Missouri. The facility investigators will process the administrative investigations. Two interviewed offenders stated that they had made a report after arrival to the facility that was responded to by staff in accordance with the standards. Policy D1 8.13 Offender Sexual Abuse and Harassment is posted on the Agencies Website for information regarding the referral of allegations for criminal investigations for the public. The agency documents all referrals of allegations of sexual abuse or sexual harassment.

### Standard 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)

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Ten random facility training records were reviewed. The records pulled and reviewed were four new employees, two employees with plus five years of service and four employees with two to three years experiences. All employees had received training to address the Agency's zero-tolerance policy for sexual abuse and sexual harassment. A computer log of all employee PREA refresher records was reviewed to show that employees were receiving the information needed on an annual basis. All new employees must complete an online PREA training five days after being hired, this coupled with more in class training before having contact with offenders. While interviewing the employees, all knew how to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures. The staff expressed their knowledge of the right of all offender and staff to be free from retaliation for reporting sexual abuse and sexual harassment. While reviewing training files, I saw the training curriculum which pointed out the dynamics of sexual abuse and sexual harassment in confinement. The training also portrayed what the common reactions of sexual abuse and sexual harassment victims were and how to detect and respond to signs of the threat and actual sexual abuse. In new employee training and in the annual training for employees, it was seen that the Agency taught how to avoid inappropriate relationships with offenders. We interviewed the training coordinator who supplied the additional records for review. All records were complete and employees had signed signature pages to prove that they understood the PREA policies. Per documentation review, it was seen that the training was tailored to the gender of the offenders at this facility. While it was in policy to train employees that were reassigned from female facilities, no such transfers had taken place in the last several years. PREA training is recorded for every new staff member hired and a PREA review is completed on an annual basis. Interviews with random staff while on the tour and in closed quarters revealed that staff have a working knowledge of PREA reportable events and how to report to comply with relevant laws relating to mandatory reporting of sexual abuse to outside authorities. Staff also knew how to prevent possible PREA incidents. PREA intranet is also available to all staff. The Staff only website has all the updated information about PREA.

### Standard 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)

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All Volunteers and contractors who have contact with offender receive the same training as new employees. The volunteers and contract staff also receive an annual refresher on the Agency's Zero Tolerance policy. Training records for volunteers and

contractors were provided. Those documents reviewed showed that the contract staff did sign signature forms to show that they understood how to prevent, report and respond to sexual abuse and sexual harassment. I interviewed a volunteer and he understood the Zero Tolerance policy regarding sexual abuse/harassment prevention, detection, reporting and response.

### Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Offenders at this facility receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment within the first few hours of the intake process. While processing through the initial phase of intake, the offenders view a PREA educational video. The offender continues through facility processing and is assessed for risk also before being classified to his first housing assignment. The offenders are also provided PREA brochures that provide information on reporting and preventing sexual abuse. This brochure is also available to the offender throughout different staff offices and the library and medical. The offenders received comprehensive PREA education within the first few days of arrival. This information is documented by an offender signature page. Information for reporting is also located at every telephone for offender use. All offenders interviewed knew about the PREA posters around the facility and the PREA Hotline that was available. The PREA hotline number and the video can be seen on one of the offender TV channels. All offenders remembered at least two or more ways to make a report of sexual abuse. Interviews with offenders supported this standard that the offenders were educated on how to prevent/and or report sexual abuse or sexual harassment. Offenders stated that they were advised of this information within the first hours of being at the facility. Documentation was provided to prove that information was available for limited English proficient, staff member available to read to a deaf offender, blind offender or offender not capable of reading. A Braille version was also available for a blind offender. The facility requires each offender to sign that he has been educated on the policy of PREA. While on the tour, I was able to see firsthand the intake process for an offender. The facility process supported this standard on the education of offenders on the zero-tolerance policy.

### Standard 115.34 Specialized training: 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All inspectors have received specialized PREA investigation training . The training module was designed in accordance with the Prison Rape Elimination Act (PREA). The training is designed for staff conducting investigations into sexual abuse and harassment allegations. Interviews with the investigator described the training he received that covered all of the required topics. The investigator described the process for completing an investigation of sexual abuse once he has been requested to do so by the Warden, which was usually the same day as the report. Education curriculum and signature pages by the employees were provided to show the specialized training was completed by the investigators. Interviews with offenders that had reported incidents stated that the facility responded to their reports as per the zero-

tolerance policy.

#### **Standard 115.35 Specialized training: Medical and mental health care**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has policy related to the training of medical and mental health employees that work in this facility. The lesson plan reviewed supported the zero-tolerance policy practices. Examples of training show that all medical and mental health staff received specialized training for PREA education. Training logs were provided to show which staff had been trained. Interviews with medical and mental health staff confirmed that the medical and mental health staff were receiving this specialized training. All the staff interviewed knew how to respond to a report of sexual abuse/harassment and how to preserve physical evidence. Forensic exams are performed by a SANE nurse at the facility and if one was not available the offender would be transported to the hospital. Documentation for the training of the SANE nurses was provided.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility has policy and procedure in place upon entering the facility, each offender is screened for risk of victimization or for aggressiveness of sexual abuse. Assessment and PREA education documents were reviewed for 21 offenders. All assessments were completed within 72 hours of arrival and reviewed within 30 days of arrival. The assessment covers all elements required in this standard for determining risk of victimization and risk of being an aggressor. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival. All of this is documented and signature pages signed by the offenders. ERDCC is the intake facility where the initial screening is done. 30 days later if the offender is housed in the long term population, another screening is done. Records of offenders were reviewed and the documentation for this was complete. Interviews with staff and offenders also confirmed that this procedure was being followed to meet this standard. The risk assessment was an objective screening instrument. Staff interviewed stated that if there were an incident involving an offender, that offender would be assessed again for risk. Staff interviewed also stated that policy prohibited them from disciplining offenders for refusing to answer or for not disclosing complete information related to the questions regarding whether or not the offender had a mental, physical, or developmental disability; whether or not the offender is or is perceived to be gay, bisexual, transgender, intersex, or gender non-conforming; whether or not the offender had experienced sexual victimization or the offenders own perception of vulnerability. Staff stated that this was also in policy. I reviewed policy D1 8.13 Offender Sexual Abuse and Harassment that did support this statement from staff. Policy requires all information obtained by staff from the offender to remain confidential and disseminated only on a "need to know" basis for the use of classification and housing of the offender.

### Standard 115.42 Use of screening information

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1 8.13 Offender Sexual Abuse and Harassment , IS1 88-1.1 Required Activities, IS 5 2.3 Offender Internal Classification provide policy and procedure that uses information from the risk screening instrument to inform housing, work, education and program assignments with the goal of keeping separate those offenders that are a high risk of being victimized from the offenders that are a high risk of being sexually abusive. The facility conducts and assessment on each offender and uses this information appropriately to safeguard the offender from sexual abuse while using the information for housing assignments and programming needs. Offender records and offender lists were reviewed to support these procedures. The facility has a committee that reviews “at risk” offenders with the offender’s input involved in the classification process. Each offender is reviewed individually to protect each offender. The staff interviewed stated that the offender’s safety and protection from harm was always top priority. The two transgender offenders interviewed stated that the committee worked with them to find them appropriate housing where they felt and were safe.

### Standard 115.43 Protective custody

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1 8.13 Offender Sexual Abuse and Harassment requires that segregation only be used as a last resort to protect a potential PREA victim. Potential victims will be assessed to be placed in the least restrictive housing. When no alternative housing is available, the offender will be reviewed every 30 days to determine if there is a need for the separation or if the offender can return to general population. Interviews with staff support this standard. The facility has not placed any potential victim in segregation in the last 12 months.

### Standard 115.51 Inmate reporting

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This facility provides multiple ways for offenders to report sexual abuse or harassment. Offenders can call the PREA hotline from any telephone located in each unit dayroom, report to any staff member, write a grievance or have a third party report. Interviews with offenders supported this documentation and supported this policy. Staff interviewed knew how to report and each carried a card with the sexual abuse hotline number. The Offenders may write the Department of Public Safety (DPS) with concerns or reports of sexual abuse or sexual harassment. The DPS is an outside agency for the offenders to report sexual abuse or sexual harassment. The agency has a policy requiring offenders detained solely for civil immigration purposes are to be provided on how to contact relevant consular officials and the Department of Homeland Security. Policy is in place when staff receive allegations of sexual abuse, staff are to report this information to the shift commander immediately. Written reports must be completed at the time of the report. Staff are informed of the procedures for reporting via employee handbook. There is also an intranet site for staff that has updated information about PREA.

#### **Standard 115.52 Exhaustion of administrative remedies**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D5 3.2 Offender Grievance allows an offender to submit a grievance about sexual abuse at any time, regardless of when the incident occurred. Informal PREA grievances will be reviewed immediately and sent to Chief Administrative Officer. The facility allows an offender to submit a grievance alleging sexual abuse without submitting it to the staff person who is the subject of the complaint. The CAO will decide if the grievance meets the criteria of Emergency PREA and forward to the appropriate staff. Third party grievances are accepted and processed per policy. Policy states that the grievance merits will be found within the 90 day timeframe. In the last 12 months, the facility has met the 90 day timeframe. Policy is also in place if the facility were to request and extension of the 90 time frame that the offender would be made aware of the extension in writing the date the grievance would be resolved. Policy and procedure are also in place that permits third party, including fellow offenders, staff, family members, attorneys and other outside advocates to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and to file those requests on behalf of the victim. If the offender declines to have third-party assistance, this is documented by the facility staff. There were zero grievances alleging sexual abuse filed within the last 12 months. Also, part of the grievance policy is the procedure for emergency grievance alleging substantial risk of imminent sexual abuse to be responded to within 48 hours. Again, zero grievances of this nature were filed in the last 12 months. The facility also has a policy in place that only a finding of "Unfounded" for a report sexual abuse grievance will be subject to a conduct report. When interviewing staff and offenders both stated that emergency grievances and third party grievances would be investigated by the facility if this were ever to be reported by an offender or third party.

#### **Standard 115.53 Inmate access to outside confidential support services**

- 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)



**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- The policy “Coordinated Response Protocol” for ERDCC gives step by step directions on the actions to be taken by staff in the event of sexual assault and/or sexual harassment. The policy outlines precisely every action to make sure a PREA event follows the protocol set up by the PREA standards. Mental Health staff meets with each possible victim and explains advocacy groups and determines if the victim would like to have an advocate assigned. Other Offenders that have had sexual abuse prior to incarceration that would like to talk to an advocacy center can call or write the two agencies available for the offenders. One of the victim advocate agency’s numbers is a free call. The offender just needs to dial 7246 on any offender telephone. Signs are posted in the dayrooms giving the addresses and telephone numbers of the Rape crisis center and the victim advocacy group “Just Detention International” and Rape, Abuse and Incest National Network (RAINN). This information can also be found in the case manager’s offices and medical area. The policy of offender telephone use and offender correspondence provides the limits to confidentiality. Signs are posted that all telephone calls and mail are monitored. Staff and offenders interviewed both stated that they knew about the victim advocate agencies available. The offenders also know that there are limits to the confidentiality on the telephones and through the mail system. The facility provides for advocates and informs the offender population and makes them aware of the level of reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under the law.

#### **Standard 115.54 Third-party reporting**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provides an e-mail address and telephone hotline to report PREA incidents through a third party. The Missouri Department of Correction website provided all the information about PREA and how to report. This hotline number was posted in the visiting room. Offenders and staff interviewed all knew how to report and stated there were posters everywhere with the hotline number to report.

#### **Standard 115.61 Staff and agency reporting duties**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

offenders all knew that staff had to report and offenders stated that they knew that if they reported a PREA incident to them, it will be investigated. Policy also stated that the offenders would be monitored to make sure there was no retaliation for reporting. Offenders all knew the level of confidentiality when reporting. Policy prohibits staff from revealing any information related to a sexual report to anyone other than the necessary staff for treatment, investigation and other management and security decisions. Staff were all aware of this confidentiality notice.

#### **Standard 115.62 Agency protection duties**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1 8.13 Offender Sexual Abuse and Harassment states the facility will take immediate action when an offender reports any sexual incident. Interviews with staff and offenders reported that this was the case to meet this standard. In the last 12 months, there were zero times reported that an offender was at risk for imminent sexual abuse.

#### **Standard 115.63 Reporting to other confinement facilities**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Per policy D1 8.13 Offender Sexual Abuse and Harassment when there is a report that an offender was sexually abused at another facility, the staff will complete a PREA Allegation Checklist Notification. All notifications will be within the 72 hour timeframe. Interviews with the Warden and Prea Coordinator state that notifications would be made within 72 hours. Documentation was provided that the facility investigates within PREA guidelines when a report was received from another facility.

#### **Standard 115.64 Staff first responder duties**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Policy D1 8.13 Offender Sexual Abuse and Harassment provide the policy requirements for this standard. The policy states that the alleged victim will be separated from the abuser, the first responder will preserve and protect the crime scene until the investigation team can collect any of the evidence. Policy also states that the first responder will ask the offender not to destroy evidence by washing, brushing his teeth, changing clothes, urinating, defecating, smoking, drinking or eating if within the timeframe allowable for the collection of evidence. When interviewing staff, all knew the responses for the first responder duties. There were two occasions where the time period of the incident allowed for the collection of evidence in the last 12 months. The Coordinated Response for the facility outlines the specific procedures as to which this policy will be followed. The plan follows the standards and breaks each action step by step depending on the type of report whether it is a sexual abuse report or sexual harassment report. Different type of reports from the offenders have a different set of steps to be preformed by staff as set in the standards. I did review the Coordinated Response plan and it does follow PREA protocol as outlined in the standards for first responder duties. I interviewed staff about how they would respond to a report of sexual abuse and the staff new exactly the steps to take to keep the offender safe, preserve evidence and get the offender to medical treatment. The staff at the facility are provided with a PREA card to carry for reference.

### **Standard 115.65 Coordinated response**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Per policy D1 8.13 Offender Sexual Abuse and Harassment the Coordinated Response was developed to meet this standard. Staff are trained to respond in protection of the offender, preserve evidence and protect the crime scene. Medical has been trained in response to sexual assault protocol. Interviews were conducted and the staff knew the Coordinated Response procedures.

### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Per policy D2 11.6 Labor Organizations the agency will not enter into or renew any collective bargaining agreements or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation.

### **Standard 115.67 Agency protection against retaliation**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Per policy D1 8.13 Offender Sexual Abuse and Harassment, the prevention and monitoring of possible threat of retaliation is provided. Offenders that report sexual incidents are monitored for at least 90 days following the reporting of an incident to document that an offender is not being retaliated against. I interviewed casemanager staff and the staff told me that they were responsible to speak with the offenders when there was a reported PREA incident. The PREA intake officer (which is a counselor that conducts the initial PREA education) monitors all PREA incidents and tracks when the offenders are seen and who does the follow up with the offender. Both the staff and the offender sign a form that is placed in the offender’s packet at the end of the 90 days with a signature from the offender to show that the offender is not being retaliated against. The reviews are initially done after the incident, at 30 day, 60 day and finally 90 day. If there have been no issues, then the monitoring ends after 90 days. Interviews were conducted with the offenders and confirmed this policy is followed. Completed incident monitoring forms were provided showing that the monitoring was being completed. 31 investigative files were reviewed for retaliation monitoring being conducted by facility staff per the policy. There have been zero times reported that retaliation has occurred in the last 12 months.

**Standard 115.68 Post-allegation protective custody**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1 8.13 Offender Sexual Abuse and Harassment and the Directive for Segregated Housing for Protective Custody provide that an assessment will be made as to the offender being viewed as a substantial risk of victimization in the absence of an allegation of offender sexual abuse, a temporary administrative segregation confinement (TASC) is recommended to ensure the offender’s safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing. The PREA coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment of involuntary segregation housing shall not ordinarily exceed a period of 30 days Every 30 days; the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with the institutional services procedures regarding segregation units and protective custody. All other alternative housing is reviewed for possible placement of the victim within 24 hours. Documentation reviewed confirmed that this standard is being met. There were zero requests for Protective Custody due to a sexual incident report in the last 12 months.

**Standard 115.71 Criminal and administrative agency 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.1 Investigative Unit Responsibilities and D-1 8.4 Administrative Inquiries provide the policy for this standard. The facility investigators investigate all administrative allegations. The Attorney General’s office has been handling the criminal investigations. Thirty-One investigation files were inspected. There were three criminal cases that were substantiated and were referred for prosecution. The retention schedule for sexual abuse cases is 50 years.

**Standard 115.72 Evidentiary standard for administrative 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1 8.1 Investigative Unit Responsibilities provides policy and procedure for criminal and administrative agency investigations. The policy states that substantiated allegations that appear to be criminal will be referred to the prosecutor. The facility had three substantiated allegations since August 20<sup>th</sup>, 2012. The three investigations that lead to referral to the prosecutor were reviewed to make sure all PREA protocols were followed. A total of 31 investigations were reviewed for PREA compliance while at the facility. All investigations were thorough and well documented. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. D1 8.1 Investigative Unit Responsibilities policy also states that the evidence standard for administrative investigations is preponderance of the evidence. After reviewing the 31 investigative files, the preponderance of the evidence was the standard used to identify whether or not a report was substantiated.

**Standard 115.73 Reporting to 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1- 8.13 Sexual Abuse and Harassment provides that the agency is required to inform verbally or in writing any offender who makes and allegation the he has suffered sexual abuse in any agency facility as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation by the agency. The facility reported 9 investigations of alleged sexual abuse that were completed by the agency. After review of the investigation files, signed forms from the offenders of the notification of the outcome of the investigation were completed. An outside entity does not conduct sexual abuse investigations. 31 investigative files were reviewed and the offenders were notified of the outcomes of their individual investigations, offenders then signed stating that they received this information. Examples also showed that the offenders are told the results of their allegations and the report is documented. Several investigation cases were reviewed and the documentation also supported this standard. Following an offender’s allegation that a staff member has committed sexual abuse against the offender, the facility will inform the offender if, the staff member is no longer posted on the offender’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse or convicted on the charge within the facility. The Agency has the form “Sexual Abuse Debriefing” that requires all the information pertaining to a report of a sexual incident. This form and information is then logged into a spreadsheet to track the events of the cases that are completed. When a case is substantiated, unsubstantiated, or unfounded, the offender is informed. All of the above information pertaining to this standard is tracked and at each level of the cases evolving, the offender is notified when it involves staff. I interviewed one of the investigators and he stated this is how it is done at the facility. I also reviewed files that had the completed notification forms signed by the offender. The same process is used following an offender’s allegation the he has been sexually abused by another offender. The offender is notified whether or not substantiated, unsubstantiated, or unfounded. When the case is filed and charges are applied to the aggressor, the victim is notified. If the aggressor is convicted, the victim offender is notified. Each time the offender is notified, the offender signs a form that he was informed of the outcome of his case. In the last 12 months, 35 offenders were provided information pertaining to a report, notification of offender charged, or a conviction of sexual abuse.

**Standard 115.76 Disciplinary sanctions for staff**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 Sexual Abuse and Harassment section P. Employee Discipline says staff shall be subject to disciplinary action up to and including termination for violating the agency sexual abuse and sexual harassment policy. Termination will be the presumptive discipline for sexual abuse. Terminations and resignations will be reported to licensing bodies if applicable. The facility provided a memo from the Warden stating “ERDCC has not terminated a staff member for a substantiated PREA investigation since our last audit in 2015.” A log of staff and contracted staff discipline was provided that verifies this statement as well. A PREA investigations log also shows there are no substantiated findings in reports against staff during the last year. Based on the policy provided and supporting documents, the facility meets this standard.

**Standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 Sexual Abuse and Harassment prohibits contractor/volunteer contact with offenders if they are found to have committed sexual abuse. Substantiated findings will be reported to licensing bodies where applicable. The agency and/or the facility shall consider prohibiting contact for substantiated sexual harassment. Policy D2-13.1 Volunteers requires allegations of sexual abuse or sexual harassment by contractors/volunteers be forwarded to facility investigators. The facility provided a sample letter to a volunteer prohibiting them from supervising offenders for a substantiated finding of sexual abuse. A log of investigations shows there were no substantiated findings for a PREA investigation against a contractor in the last year. The policy and supporting documentation provided shows the facility meets this standard.

#### **Standard 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 Sexual Abuse and Harassment section O. Violations or Disciplinary Sanctions for Offenders states offenders will be subject to disciplinary sanctions pursuant to a disciplinary process following an administrative or criminal finding of guilt for engaging in offender sexual abuse. Sanctions will be commensurate with the nature of the violation and the offender's disciplinary history. Mental disabilities or illness will be considered to determine sanctions. Violators will be referred to appropriate treatment by mental health. Offenders can only be disciplined for sexual contact with staff if staff do not consent. The facility and agency prohibits all sexual contact between offenders. Documentation was provided of an offender perpetrator of sexual abuse being disciplined for a substantiated finding. Policy SOP19-1.1 Conduct Rules and Sanctions has a violation code for 7.1 Forcible Sexual Misconduct and 15.1 Sexual Misconduct. The PREA Site Coordinator stated that no offenders had been disciplined for consensual sex in the last 12 months. Based on the documentation provided the facility meets this standard.

#### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy IS11-32 Receiving Screening Intake Unit states the offender will be referred to mental health within 14 days if he reports in the intake screening that he has been a victim or perpetrator of sexual abuse. This policy also requires health services staff to obtain informed consent

before reporting information about prior victimization not in an institutional setting. The facility provided documentation of offenders being referred to mental health that had reported prior victimization within 2 to 3 days of reporting. An offender was also interviewed that had reported prior victimization during his initial assessment upon arrival to the facility. He reported being sent to mental health within 2 days of being assessed. A memo from the Corizon Health Service Administrator states they have not had an instance of consent being provided for a report that did not happen in an institution. Based on the policy, documentation provided and offender interviews I find the facility meets this standard.

### **Standard 115.82 Access to emergency medical and mental health services**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 Offender Sexual Abuse and Harassment section I. Health Services Care requires emergency medical services be provided to victims of sexual abuse consistent with the services provided in the community. Victims are to be screened for obvious signs of physical trauma. SANE nurses are provided by the medical Contractor for forensic exams at the facility. If the facility SANE is not available, the local hospital SANE will be used. Treatment is provided without cost to the offender. I find the facility meets this standard based on documentation provided.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- 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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 Offender Sexual Abuse and Harassment section I Health Services Care requires the facility to offer medical and mental health treatment to victims of sexual abuse consistent with the community level of care at no charge to the offender. Victims of sexual abuse will be offered tests for STD's. The facility provided a memo from the Warden stating they have not had to offer testing for STD's to a victim in the last year. Offender perpetrators will be offered counseling within 60 days of a substantiated finding of sexual abuse. During review of investigation files an example of an offender perpetrator being offered MH counseling was provided. I find the facility meets this standard based on the policy and documentation of practice that was provided.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)



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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 Offender Sexual Abuse and Harassment section K. Debriefing requires the facility to conduct a sexual abuse incident debriefing within 30 days of the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The debriefing is to be conducted by a review team that consists of the PREA Site Coordinator and upper level administrators, supervisors, investigators and mental health or medical practitioners. The review is documented on the PREA Sexual Abuse Debriefing form. The form covers all required elements of the standard. Incident reviews were provided during the review of investigation files. All but one was within the 30 days time frame demonstrating substantial compliance with the standard.

### **Standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1.8.13 Offender Sexual Abuse and Harassment section Q Annual Reports requires each facility to use information from the PREA Sexual Abuse Debriefing forms to prepare an annual report that is due in March annually. The facility provided their report for 2016. The report contained all of the required elements of the standard. The agency is also required to provide an annual report which also covers the required elements of the standard. This auditor reviewed several reports on the agency website from 2015 back to 2010. The 2016 report was not posted as of this date. It was due at the end of May. The Agency PREA Coordinator also provided the last two years of the DOJ SSV report. The agency and facility meet this standard based on the policy and documentation of practice provided.

### **Standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy D1-8.13 requires the agency to review the data collected from each facility's annual report and compile it into an agency annual PREA Audit Report

report. The agency has the annual report from 2010 to 2015 posted on its website. A review of these reports indicates compliance with the standard. The reports did not contain personally identifying information that would pose a threat to safety and security.

**Standard 115.89 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has annual reports containing aggregated sexual abuse data from 2010 to 2015 posted on the MDOC website.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Alison Yancey

July 3<sup>rd</sup>, 2017

Auditor Signature

Date