

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

Name of facility: Fulton Reception and Diagnostic Center (FRDC)		
Physical Address: 1393 Hwy O, Fulton, MO 65251		
Date report submitted:		
<b>Auditor Information:</b> Elizabeth Rice, Ron Baker		
Address: Kansas Dept of Corrections, 714 SW Jackson, Suite 300, Topeka, KS 66603		
E-Mail: <a href="mailto:liz.rice@doc.ks.gov">liz.rice@doc.ks.gov</a> and <a href="mailto:ron.baker@doc.ks.gov">ron.baker@doc.ks.gov</a>		
Telephone number: 785-296-4501		
Date of facility visit: April 14-16, 2015		
<b>Facility Information</b>		
Facility mailing address: 1393 Hwy O in Fulton, MO		
Telephone number:		
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: Adult Prison		
Name of PREA Compliance Manager: Dan Redington	Title: Deputy Warden	
E-Mail Address: Dan.redington@doc.mo.gov	Phone Number: 573-592-4040	
<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)		
Telephone Number: 573-526-9003		
<b>Agency Chief Executive Officer</b>		
Name: George Lombardi	Title: Director	
E-Mail Address: George.Lombardi@doc.mo.gov	Telephone Number: (573) 526-6607	
<b>Agency –wide PREA Coordinator</b>		
Name: Vevia Sturm	Title: PREA Coordinator	
E-Mail Address: Vevia.Sturm@doc.mo.gov	Telephone Number: (573) 522-1634	

# AUDIT FINDINGS

## NARRATIVE:

In order to determine compliance with Prison Rape Elimination Act (PREA) standards an onsite audit was conducted of the Fulton Reception and Diagnostic Center (FRDC) on April 14-16, 2015 by DOJ certified auditors Liz Rice and Ron Baker and one assistant, C. J. Perez. Perez received training prior to the audit and supervision during the process from Baker and Rice.

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 audit. 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. Auditors appreciated the very well organized questionnaire with supporting documentation that was received and reviewed prior to the onsite visit. The same auditors conducted an onsite visit to another MDOC facility the same week and appreciate the FRDC willingness to be flexible with the schedule to accommodate both visits.

The auditors reported to FRDC on 04/14/2015 at 13:00 hrs to complete a tour of the facility. The tour was led by Deputy Warden Redington and state PREA Coordinator Vevia Sturm. The tour included all areas outside of housing units where inmates may be present and representative housing units of each type for this facility; dormitory, restrictive housing, and general population cell house. During the tour Mr. Redington provided an overview of the mission of the facility and an explanation of how offenders move through the facility from admission to transfer out or placement into permanent party housing on site. Auditors were able to observe staff and offender interaction during the tour and noticed the positive culture among staff. Offender reaction indicated that that this positive staff interaction is common place in this facility.

Following the tour the audit team discussed the audit schedule with Mr. Redington and Mrs. Sturm to ensure that the schedule would not conflict with the operational needs of the facility and provide ample opportunity for auditors to complete their required tasks. Offender and staff rosters were provided for the audit team to select people for random and targeted interviews. The audit team departed the facility and met at an offsite location to discuss the tour and to review the provided documentation with the new information gained from the tour. The Warden, Billy D. Harris, had to be away from the facility on state business until late morning on 4/15/2015, the introductory meeting was held at a time that he could be present. Also present at that meeting were the Deputy Warden of Offender Management, Michael B. Payne; Deputy Warden of Operations, Daniel W. Redington; Assistant Warden, Shawn C. Twyman; and state PREA Coordinator, Vevia Sturm.

Specialized and Random Staff interviews were conducted on 4/15/2015 and 4/16/2015 and included the Facility PCM, Warden, Shift Supervisor, Functional Unit Manager, Education, Human Resources, Contract Medical and Mental Health, Volunteers, Investigations, Intake, Segregated Housing, Incident Review, Retaliation Review, First Responders, Food Service, Maintenance, Laundry, Canteen and Counselors. Custody Staff from three shifts were interviewed. All staff was knowledgeable of FRDC and agency policy in regards to their responsibility subsequent to a report of sexual abuse or harassment and seemed very comfortable answering questions from the auditors. Interviews were held at various locations throughout the facility that provided adequate privacy and comfort for both auditor and interviewee. Investigative and Human Resource file information was made available to auditors for review. SAFE/SANE exams are conducted off site by the University of Missouri Hospital. Staff from that

facility were not interviewed.

Offender interviews were conducted on 4/16/2015 and included at least one offender from each housing unit, a hearing impaired offender, an offender who had reported sexual abuse, an offender who self-identified as bi-sexual, an inmate identified as vulnerable during risk screening, an inmate in segregated housing and offenders supervised by non-custodial staff.

Auditors were given complete access to all areas of the facility.

Each day at the facility concluded with a short out briefing to the PCM that gave auditors time to ask questions, gather additional documentation if needed, and let the PCM know of any concerns. The auditors then met off site to compare notes and to assess compliance with standards.

At the conclusion of offender interviews the auditors prepared for a final exit interview/briefing with senior staff. Those in attendance for exit briefing were Warden, Deputy Wardens, Asst. Warden, Chief of Custody, and State PREA Coordinator.

Auditors were impressed by the level of staff competencies in PREA and the overall good morale of staff and offenders in this facility. The demonstrated level of knowledge about PREA by staff is very encouraging as some agencies struggle with a culture change in trying to incorporate PREA into everyday operations. As a reception center for the state they are laying the ground work in offender education with regard to PREA that will serve the agency well as these offenders are assigned to housing throughout the state. The audit team appreciates the very well organized files and daily support provided by Deputy Warden Redington during this audit.

Members of this audit team have participated in three other audits of Missouri DOC facilities. During those audits interviews were conducted with State PREA Coordinator and Agency Head/Designee, therefore new interviews were not conducted during this onsite visit as previous interviews have been satisfactory.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Fulton Reception and Diagnostic Center (FRDC) is located at 1393 Hwy O in Fulton, MO. FRDC opened in 1987 and experienced 12 years of growth to its current capacity of 1,302 adult males. No females and no youthful offenders are housed at FRDC. This facility is one of 3 reception and diagnostic centers for adult males in Missouri. There are 22 buildings that include 10 housing units on 123 acres. There are 2 open bay dormitories for housing permanent party workers with the rest of the units in use to support the intake and diagnostic functions. The facility was designed and built to function as a prison housing the reception and diagnostic functions.

Number of standards exceeded: 0

Number of standards met: 43

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 Compliance Manager, Dan Redington, 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 agency Legal Counsel, and the PREA Compliance Manager, who is also the Deputy Warden of Operations, of whom reports directly to the Warden. Mr. Redington is highly regarded by staff at this facility and they report getting routine reminders from him about issues regarding PREA compliance. Mr. Redington indicates that he has great support from his Warden and the State PREA Coordinator.</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>This facility does not contract with other entities for the confinement of offenders.</p> <p>The MDOC, as parent agency, contracts with 4 community confinement facilities, although none of them are specifically tied to this facility.</p> <p>The agency contract administrator draws up the contracts, while the probation/parole division monitors compliance. Current contracts require the facilities to complete and be PREA compliant to include a PREA audit this year. Additionally, probation and parole staff conducts compliance audits every 6 months.</p>	
<b>115.13</b>	<b>SUPERVISION AND MONITORING</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 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 FRDC is 1400 and the staffing plan is predicated on a maximum base of 1400 offenders. Each required element was documented in "The PREA Staffing and Yearly Reporting Implementation Team" report, which was provided in the PAQ documentation for 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 records and shift chronological logs. This documentation may include notation within activity</p>	

logs reflecting activities that were cancelled or rescheduled to a time when adequate supervision was present." FRDC advised that they do not deviate from the staffing plan.

Agency policy D1-8.13 and facility policy mandates unannounced rounds by supervisory staff. This is achieved in part, through post orders (IS20 -1.1) for custody supervisory staff. Policy dictates that 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 post sign-in forms which were made available for the auditors review. In addition, examples of the "Shift Monthly Area Check Board" forms were included in documentation for auditor review which satisfies the requirement the documentation piece of recording of unannounced supervisory rounds.

FRDC provided meeting minutes from its annual "Security Camera and Staffing Plan PREA Review Meeting" held in December of 2014. Agenda items included the requirements of standard 115.13 (section C specifically) which outlines that in consultation with the PREA coordinator required by 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan established pursuant to paragraph (a) of this section;
2. The facility's deployment of video monitoring systems and other monitoring technologies; and
3. The resources the facility has available to commit to ensure adherence to the staffing plan.

**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. FRDC however, does not house youthful offenders. Upon review of available policy and documentation and in speaking with FRDC reception staff, it was derived that if a youthful offender arrives in intake, they are directly supervised by custody staff through the entirety of the intake process and are normally routed to Farmington Correctional Center the same day.

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 IS20-1.3 addresses sections (a), (d), (e) and (f) in regard to offender searches. Section (b) is N/A due to the fact that FRDC does not house female offenders. Documentation provided under (a) advised that "FRDC has had no exigent circumstances that would require a female staff member to assist with a strip search of a male offender." Also, "MDOC staff does not conduct body cavity searches."

Agency policy D1-8.13 and FRDC policy SOP D1-8.13 mandates the announcing of opposite gender staff. These announcements are made once per shift and are documented in the chrono log of the "bubble" of each unit. Both agency and facility policy dictate that offenders will be provided privacy from being viewed by non-medical opposite gender staff when "showering, performing bodily functions and dressing" with the exception of exigent circumstances or "incidental to routine cell checks." A DAI directive addressed to all "Wardens" was reviewed by the audit team which discussed the installation of privacy screens/barriers. DAI Director Dormire set an implementation date of 8-18-13. The audit team observed said barriers during the tour. During the inmate interviews, all that were asked stated that they feel they have a reasonable expectation of privacy and alluded to confirmation of compliance of provision 115.15 (d).

A memo included in facility documentation advised that "FRDC has not received a transgender offender since August of 2012." Supporting documentation provided under 115.15(e) included an excerpt from policy D1-8.13 and IS11-34.1 "Health Assessment and Physical Examination at Reception". Also in documentation was an e-mail from PCM/Deputy Warden of Operations Dan Redington outlining procedures in the event that an offender was received whose gender was unknown; detailing the provisions of 115.15 (e).

FRDC has developed a transgender committee which consists of the Site PREA Coordinator, Health Services Administrator, Medical Director, Chief of Mental Health Services and the offender. A Transgender Committee memo template was viewed in documentation and addressed the areas of housing needs (to include showering), where the offender is in the transition process, offender views/concerns and allowed for suggestion of any other accommodations and/or recommendations.

Training curriculum on "Searches" is in place at FRDC and a corresponding lesson plan was reviewed by the audit team. The MDOC standard for searching transgender and intersex offenders is defined as search practices for cross-gender pat downs. 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."

**115.16 | INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT**

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

relevant review period)

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. PREA brochures and acknowledgement forms are available in several languages and posters are available in English and Spanish. There is also a brochure available in Braille for blind offenders. As part of the orientation process, the NIC "Speaking Up" video is used along with its written transcript. FRDC SOP D5-5.1 "Deaf and Hard of Hearing Offenders" details where and how 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. As of April of 2013, the contractor used for language interpretations services is AVAZA. Their services are available 24 hours/day and facility policy dictates that supervisory custody staff logs the phone call (to include start and end time of the call) and also e-mail the business of such event. During review of documentation material, auditors also viewed an example of a rate sheet and translation order form via AVAZA services.

Auditors noted Spanish and English signs posted throughout the facility. Auditors interviewed one offender that was identified as hard of hearing who had been housed at FRDC for approximately two weeks. The offender advised that he was provided with written PREA education material upon intake and was confident in his understanding of how to report an incident of sexual abuse if necessary. He informed that he is living in HU 4a which is equipped with a TTY telephone. Auditors did view the policies and contracts that would be utilized for these offenders.

FRDC intake staff maintain a monthly "Inmates with Disabilities or are Limited English Proficient" log that details the inmate name and number, date of arrival, disability/language, PREA Brochure (Y/N) and if an interpreter was used (Y/N). This information is reviewed by the Deputy Warden of Operations, Dan Redington and is used when assessing needed services and in collection of audit documentation.

Does Not Meet Standard (requires corrective action)

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

**115.17 | HIRING AND PROMOTION DECISIONS**

- 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) outlines all elements required for background investigations of all staff members. An extensive background investigation including a criminal records check utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) system is enforced. Policy also specifies, for promotions and other appointments, noting; "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."

Agency and facility policy (D1-8.13 and D2-2.2) as well as the employment application advise 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, in the month following each staff member's birth month.

FRDC is able to provide information on official charges of sexual abuse or sexual harassment involving a former employee (as it would be a public record). However, they would be prohibited from providing information on sustained administrative cases unless written consent of the former employee was obtained (per MDOC policy D2-5.1-Maintenance of Employee Records).

During the reporting period, FRDC had 80 new hire employees; all of which had background checks. Employee files were reviewed at random; each contained records of background checks and auditors were 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.

**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**

Agency procedure D4-4.8 –Security Camera Operations adheres to the elements of PREA standard 115.18 (b).

FRDC reported that there were no substantial expansions or modifications during the reporting period. It was noted that there had been several cameras (23 noted during interview with FRDC Warden Bill Harris) added in an effort to increase sexual safety within the institution.

**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**

MDOC Procedure D1-8.8 Evidence Collection, Accountability and Disposal provides a detailed outline of the agency's uniform evidence protocol which appears to be in line 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 throughout staff interviews.

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. FRDC noted that they have "had no out counts for forensic exams in the last 12 months." A victim advocate is offered at the hospital (in Columbia, Mo), to accompany the offender through the exam process. This is offered in part, as a result of the development of a Weekly Rotation schedule shared between 5 different chaplains who serve as victim advocates. Off-site advocacy training was provided and documentation indicates that all chaplains currently being utilized have received the necessary training.

**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**

FRDC and the MDOC has policy and protocol in place to ensure that an investigation is completed for all allegations of sexual abuse or sexual harassment which is mandated by agency policy D1-8.13 and facility policy SOP D1-8.13. There were 20 allegations during the reporting period, which resulted in 11 administrative investigations and 9 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. During the reporting period, 80 new staff were hired; all of which received the 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 staff to receive gender specific training as part of their orientation process.

Training records of new staff members as well as long time staff were provided for review. Records of initial PREA training were found in employee files as well as documentation of refresher training completed online. Training records reviewed and signed acknowledgement sheets provided documentation that staff 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 mandates training for volunteers and contractors congruent with that of training 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 provided a brochure which reiterates the information provided in training.

All volunteers and contractors interviewed reported that they had received PREA training. Signed acknowledgement forms were provided in the audit documentation.

**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 are offered PREA education upon intake to FRDC. MDOC utilizes the Speaking Up video, PREA brochures, and posters visible throughout the facility. PREA information is also run on a continuous loop on the offender information T.V. channel that can be viewed both in the intake area and respective housing units. During the 12-month reporting period, FRDC provided PREA orientation to 7459 offenders upon intake to the facility. Additionally, of the 7459 aforementioned, 6310 offenders were also provided comprehensive education within 30 days. The difference between the two was explained by noting the fact that "FRDC is a reception center therefore: offenders are only here for a short period of time. The exception would be for the perm unit consisting of 200 offenders. Their average stay is 1-2 years."

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.

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. Posters were abundantly visible in all areas of the institution and offenders reported consistently throughout the interviews that they understood avenues of reporting and their right to be free from sexual abuse and sexual harassment. The auditors gathered that overall, offenders had confidence in the reporting system and felt that reports were taken seriously. Policy 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**

Policy D1-8.13 mandates annual specialized training for investigative staff. "All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training by the designated inspector general's office staff members". The 6 module, 36 hour training course was reviewed by auditors along with a log of staff completing the training that indicates the 2 investigators(Dye and Snellen) assigned to FRDC have completed the required training.

**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**

Policy 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.

FRDC employs 62 contract medical staff and mental health staff. A sample of training records was reviewed and indicated that all received the specialized training. During interviews of staff in this category it was clear that staff has received required training and have retained the information from the training. They were able to describe their responsibilities as first responders and as medical/mental health professionals.

Forensic exams are not conducted at FRDC.

**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)

<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<b>115.42</b>	<b>USE OF SCREENING INFORMATION</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>	
<b>115.43</b>	<b>PROTECTIVE CUSTODY</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>	
<b>115.51</b>	<b>INMATE REPORTING</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>	
<b>115.52</b>	<b>EXHAUSTION OF ADMINISTRATIVE REMEDIES</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>	
<b>115.53</b>	<b>INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION</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>	
<b>115.54</b>	<b>THIRD-PARY REPORTING</b>

- 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**

**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**

**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**

**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**

**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**

**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**

<b>115.66</b>	<b>PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH 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>	
<b>115.67</b>	<b>AGENCY PROTECTION AGAINST RETALIATION</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 contains the elements of Standard 115.67.</p> <p>The policy states the PREA Site Coordinator is responsible for monitoring retaliation.</p> <p>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.</p> <p>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.</p> <p>The items monitored are those listed in the elements of this standard. FRDC utilizes an Assessment/Retaliation checklist to document monitoring efforts.</p> <p>The policy dictates periodic status checks are completed every 30 days.</p> <p>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.</p> <p>The policy dictates monitoring will conclude when it is determined the allegation is unfounded.</p> <p>FRDC provided examples of monitoring incidents as supporting documentation.</p>	
<b>115.68</b>	<b>POST-ALLEGATION PROTECTIVE CUSTODY</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 addresses compliance with Standard 115.68.</p>	

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. When questioned the FUM (Functional Unit Manager) stated that the facility only houses inmates short term as it is a transitional unit so inmates are not in the segregation unit for long periods of time

Auditors reviewed investigation reports, documentation and also spoke with shift supervisors and both show that FRDC considers alternatives to involuntary segregation in accordance with standard 115.43.

**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.

FRDC's investigation division is under the jurisdiction of the Inspector General's Office. FRDC 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.

CRCC provided investigations for pre-audit review as supporting documentation which included examples of investigation request and examples of third party reports. Auditors also reviewed investigation files on-site. Investigations reviewed indicated they were done in a prompt, thorough and objective manner.

The agency investigator interviewed was able to articulate elements of this standard and provided elements of agency training and investigations protocol. The investigator interviewed was also able to articulate procedures for counseling with prosecutors and outside law enforcement agencies.

**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. 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 Site 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 Site Coordinator is charged with providing the notification to the offender.

The policy dictates the notifications shall be done in writing.

FRDC provided examples of 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 is 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 and includes sexual abuse and harassment of offenders.

Policy D1-8.13 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 is disciplined for violating the agency sexual abuse and sexual harassment policy. FRDC 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.

FRDC 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).

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.

FRDC provided MDOC Conduct and Rules Sanctions IS19-1.1 addressing consensual and non-consensual sexual activity of offenders.

FRDC provided a facility directive/memo which details considerations for mental disability or mental illness of offenders in conjunction with the offender disciplinary process. FRDC also provided a referral form utilized by MDOC for input/feedback from a qualified mental health practitioner in sustained cases of offender on offender sexual abuse.

**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 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.

FRDC 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 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.

FRDC utilizes CORIZON as the medical provider and provided Part 2.4 of the contractual agreement between FRDC and CORIZON as supporting documentation denoting CORIZON's obligation to provide medical and mental health services to FRDC 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.

Staff interviewed articulated facility practice and agency policy in regards to medical and mental health care provided in incidents of sexual abuse.

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

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

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

Agency policy D1-8.13 dictates compliance with Standard 115.83.

FRDC 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.

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.

The policy and practice indicates that FRDC provides services consistent with the community level of care.

The policy dictates victims of sexual abuse shall be offered prophylaxis for sexually transmitted infections.

115.83(d), (e), do not apply as FRDC is an all-male facility.

The policy dictates treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.

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.

FRDC provided examples of follow up care provided to offenders as supporting documentation for this 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 comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.86.

The policy dictates FRDC 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.

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.

FRDC provided as supporting documentation a sample review which documented all elements of Standard 115.86(d) 1-6.

Auditors concluded inclusive with supporting documentation provided by FRDC, staff interviewed articulated the importance of sexual abuse reviews and their relevance to enhance the safety of offenders and staff.

**115.87 | DATA COLLECTION**

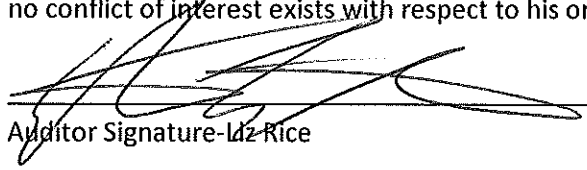
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

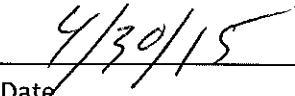
**Auditor comments, including corrective actions needed if does not meet standard**

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.

  
\_\_\_\_\_  
Auditor Signature-Liz Rice

  
\_\_\_\_\_  
Date