

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 13, 2017

Auditor Information			
Auditor name: Elisabeth Copeland			
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Telephone number: 785-291-3074			
Date of facility visit: November 30 – December 2, 2016			
Facility Information			
Facility name: Western Missouri Correctional Center			
Facility physical address: 609 East Pence Road, Cameron, MO 64429			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 816-632-1390			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sherie Korneman			
Number of staff assigned to the facility in the last 12 months: 497			
Designed facility capacity: 1975			
Current population of facility: 1795			
Facility security levels/inmate custody levels: Click here to enter text.			
Age range of the population: 18-82			
Name of PREA Compliance Manager: Lori Lakey		Title: Deputy Warden	
Email address: lori.lakey@doc.mo.gov		Telephone number: 816-632-1390	
Agency Information			
Name of agency: Missouri Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2729 Plaza Drive, Jefferson City, MO 65102			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 573-526-6607			
Agency Chief Executive Officer			
Name: George Lombardi		Title: Department Director	
Email address: george.lombardi@doc.mo.gov		Telephone number: 573-522-3335	
Agency-Wide PREA Coordinator			
Name: Vevia Sturm		Title: PREA Department Coordinator	
Email address: vevia.sturm@doc.mo.gov		Telephone number: 573-522-3335	

AUDIT FINDINGS

NARRATIVE

PRE-AUDIT

A Notice of PREA Audit was sent to Western Missouri Correctional Center (WMCC) on October 20, 2016 PREA Site Coordinator and to the Missouri Department of Corrections Department PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on November 30 – December 2, 2016. At this time this auditor requested that the pre-audit questionnaire (PAQ) be sent to me no later than November 16, 2016. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of California, Indiana, Kansas, Missouri, and Louisiana.

On November 17, 2016, this auditor received a flash drive containing WMCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On November 25, 2016, a tentative agenda for the PREA audit was sent to the Site Coordinator of WMCC and the Department PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

ONSITE

The auditor was accompanied on the site visit by members of the Kansas PREA team: Joni Foster-Webster and Terrell Brooks. The team was greeted and given a history and the layout of the facility by Warden Sherie Korneman and Deputy Warden (Site Coordinator) Lori Lakey as well as other Executive Team members. The agency Department PREA Coordinator Vevia Sturm was also in attendance throughout the audit process. After the initial meeting, a detailed tour was provided to the auditing team.

Warden Sherie Korneman and Site Coordinator Lori Lakey lead the onsite tour. The tour began with the administration building, which included the intake and orientation as well as visitation. Auditor reviewed camera placements, restrooms and observed barriers to prevent cross-gender viewing when offenders are changed out. PREA reporting information was clearly marked and the PREA video was playing.

The Central Services Building, Recreation Buildings, Warehouse and living units were also toured. PREA reporting information, advocacy information and the Notice of Audit were all clearly visible in all buildings. It should be noted that PREA reporting information was posted in English and in Spanish. In addition, notices were also posted that female staff may be present in the living units.

In the segregation unit, the auditor found that facility took extra measures to determine that cross-gender viewing was kept to a bare minimum. As there are no gender specific posts at WMCC, WMCC has instituted a practice that requires to be turned off if female officers are in the module.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected three staff from each shift, as well as established times to interview specialize staff.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing rosters, the auditor randomly selected five to ten inmates from each unit for 70 inmates to be interviewed. The auditors were then taken to a centralized location and given three offices for confidentiality. The Site Coordinator notified housing units and began having inmates come to our location. Six inmates refused to participate in the audit process.

WMCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at WMCC was extremely helpful and polite throughout the entire process and escorted the audit team to each housing unit. They were outstanding to work with and made the onsite portion of this audit work smoothly.

Auditors interviewed 64 inmates with various lengths of stay. The auditors interviewed 24 staff to include the Warden, Site Coordinator,

Investigator, Mental Health Staff, Human Resources staff, Intake Staff, as well as random staff from all three shifts and housing units.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Joni Foster-Webster and Terrell Brooks. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

On January 17, 2017, this auditor reached out to WMCC and advised them of the delay in finalizing this report. This delay was not the fault of the WMCC.

On January 23, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of WMCC, as well as, the statewide PREA coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

OVERVIEW OF

History:

Western Missouri Correctional Center (WMCC) is located on 385 acres in Cameron, Missouri. Construction began in June of 1986 and received its first offenders on November 10, 1988.

WMCC is designed for a maximum offender capacity of 1,975, to be housed in ten units. The institution confines minimum and medium security offenders. The institution is designed and constructed in a manner that allows flexibility of the security availability by unit. Minimum security areas, with only minor modifications, can be upgraded to medium security housing.

Institutional design features a Central Services building which dually serves both portions of the offender population. All support services including the warehouse, food services warehouse, food service preparation and dining areas, chapel, laundry, property room, education, library, medical and dental services are located in this building to services the population. The institution's design also includes multiple recreation and visiting areas.

WMCC was built based on projected growth; it was known it would take 12 to 18 months before maximum capacity was reached. A program was approved which allowed WMCC to lease bed space to other states. The objectives were achieved when this occurred. The prison was in full use prior to the expiration of the contractor's warranty and WMCC was able to expeditiously hire a full complement of staff. Beds were leased to Illinois, Colorado, and Washington, D.C.

WMCC was designated as the premier institution for offender education. Nearly half of the population participates in some type of education programs, be it remedial reading or high school equivalency (HSE). Numerous vocational classes are available with the main objective being that the offender will leave WMCC with a marketable job skill. While the classroom study is not considered traditional, it is believed to have a positive impact on offenders who want to learn.

March 2006 was witness to the Missouri Re-entry Process (MRP) Kickoff, including the opening of the Transitional Housing Unit. MRP is a process designed to assist offenders to successfully reintegrate back into society with the skills to be productive citizens, thus reducing recidivism.

In 2008, WMCC underwent a capital improvement security enhancement. The project involved replacing all fire alarms, locking system wiring, and panels in all building.

May 2013, a new Classification System was implemented. The notable change in this new system is three basic security classifications (minimum, medium and maximum) instead of 5 custody level system.

February 2014, WMCC saw the startup of the Enhanced Care Unit in Housing Unit 3, B-Wing. This program is geared to assist WMCC's aging population of offenders who may need assistance with daily living activities, but do not need fulltime care in the Infirmary.

Currently:

WMCC has 26 buildings including ten multiple occupancy cell housing units. This is also included 99 segregation cells. There are no open bay/dorm housing units.

WMCC is a male only facility with the population on the day of the onsite visit being 1,948. The population ranged from 18 -82 in age and consisted of minimum and medium custody.

WMCC has the following programs and services:

- Re-entry Programs
 - Catholic Charities Turn Around
 - Alcoholics Anonymous
 - Anger Management
 - Celebrate Recovery
 - Circle of Transformation
 - Connections to Success
 - Employability Skills
 - Impact of Crime on Victims
 - Journey From Within

- Narcotics Anonymous
 - Pathways to Change
 - Re-entry Resource Center
 - Pre-Release/Transition to Freedom Meetings
 - Restorative Justice Program
 - NOVA
 - Therapeutic Community
 - True Freedom is Achievable
 - Veteran's Meetings
 - Additional Community Resource/Re-entry Partners
 - Project Reconnect
- Puppies for Parole
- Medical
 - Corizon Health at WMCC is a medical five facility, which is the highest level of medical care provided. They area handicapped facility and all services are available without utilizing stairs. The medical unit is staffed by licensed practical nurses and registered nurses 24 hours per day/7 days a week. Staff also includes two physicians on site along with a nurse practitioner, two dentists and one optometrist. Medical consists of a ten bed infirmary and are able to provide acute care as needed to the inmate population. It also as SANE nurses on staff.
- Mental Health
 - This department provides individual counseling, group therapy and psychiatric consultation. Mental health staff are on site during regularly business hours and are always on-call to assist in any crises. This unit consists of eight staff members to include a chief of mental health, psychiatrist, mental health nurse practitioner, one psych nurse, and three qualified mental health professionals and a clerk. Offenders assigned to the Administrative Segregation Unit are offered the Eagle program and those classified as MH3 participate in the Mental Awareness Program. Groups are held every Friday morning for the general population. They are:
 - Symptom Management
 - Thinking for a Change
 - Trauma Resolution Program
 - Emotional Empowerment
 - Social Skills
 - Life Skills
 - Medication Education
- Enhanced Care Unit
 - ECU is a housing unit wing that provides the lease restrictive, yet secure placement for offenders with limited medical or mental health conditions that do not require 24 hours a day medical care. Currently, there are five ECU residents in Housing Unit 3, B wing. This wing has a maximum capacity of 12. Daily Living Assistants are trained offender helpers that have been hired to assist ECU offenders in the ECU wing. Daily Living Assistants activities may include, but is not limited to, assistance with grooming, dressing, laundry, canteen, correspondence, getting to meals, visits, cleaning their rooms and to ensure scheduled activities occur.
- Chapel
 - The Chaplain is available for religious concerns, family emergencies and support with personal issues. The Chapel provides the following services:
 - Inside Marriage Arrangements
 - Aftercare Ministries
 - Counseling
 - Emergency Family Contact
 - Greeting Cards
 - Sacred Books
 - Free Literature
 - Audio Visual Room
 - Books
 - Volunteers
 - Special Program Services
 - Religious Items Order
 - Bible Correspondence Course

- Academic Education
 - Education is mandatory for all offenders who do not have a verified high school diploma or a high school equivalency certification. Offenders are mandated to not only attend school, but are required to participate in daily class lessons, complete assigned work, and make a good faith effort toward obtaining certification.

- Vocational Education and Technical Education Center
 - The Vocational Education Department is fully staffed with nine vocational teachers and one office support staff. There are nine vocational programs offered at WMCC. They are:
 - Auto Mechanics
 - Diesel Mechanics
 - Small Engine Mechanics
 - Modern Woodworking
 - Building Trades
 - Basic Welding
 - Electrical Wiring
 - Residential Plumbing
 - Applied Computer Technology

- Recreation
 - The current recreation schedule affords the offender population the opportunity to have either indoor and/or outdoor recreation seven days a week. Only half of the offenders are allowed out to recreation at one time. The schedule rotates so that one day they will have one recreation period then the next day they will have two periods. All Recreation Officers interact with offenders on a daily basis. There are also 21 offenders assigned to each A-Side and B-side recreation in a variety of jobs on a daily basis.

- Food Service
 - WMCC employs 12 staff cooks to prepare meals. Eight correctional officers along with the cooks supervise 312 offender workers in this area.

- Laundry
 - The laundry employs 30 offender workers supervised by one Laundry Manager.

SUMMARY OF AUDIT FINDINGS

It's clear that WMCC believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of leadership as well as the knowledge the staff demonstrated of PREA. WMCC leadership was quick to ask great questions when it came to the cross-gender viewing in the segregation and crises level units and to demonstrate the protocol that in place. They were very open with the auditing team and wanted team's input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with inmates included feeling safe at the facility and the belief that staff takes reports of sexual abuse seriously. The inmates were able to explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. They did state that their case managers discussed PREA reporting with them. They reported that retaliation when making an allegation was not tolerated. All inmates reported they knew that opposite gender staff announced themselves at the beginning of each shift and felt they had privacy when using the restroom, changing clothes and using the shower. They also reported to seeing the cross gender signs in the dayrooms. Several inmate interviews indicated that once a PREA allegation was made, the victim was immediately placed in segregation. The auditor reviewed additional random files while on site which are maintained by the Site Coordinator and found that this was not the practice of WMCC).

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual. It is clear that there is a zero –tolerance culture at WMCC.

Interviews with specialized staff were completed and the results were positive and supported the zero-tolerance culture. Each knew their role and responsibilities as it pertains to PREA compliance and documentation. They articulated the coordinated response and the expectations that staff would follow all policies. Administrative staff was very open to any suggestions the auditors presented during the tour and the exit meeting.

Documentation provided in the pre-audit questionnaire was well organized and easy to read. WMCC was found to be in compliance with all PREA standards.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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.

115.11(a) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 5: “The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation.” In this same policy the agency outlines how they will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 5 and ends on page 26.

This same policy also includes specific definitions of offender –on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

WMCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A)(3), page 3: “The department has zero tolerance for all forms of offender abuse and retaliation.” In III (B)(1) page 3 it further states, “Failure to report that an offender has been abused is a class A misdemeanor.”

In addition to this policy, SOP D4-4.8 Security Camera Operations, Section III (B)(4), page 5 states, “Use of Security camera equipment for the purpose of sexually arousing or gratifying the self or another is prohibited and will be considered staff sexual misconduct and harassment as outlined in department procedures regarding administrative inquiries.” This policy also defines offender sexual abuse, offender sexual abuse by another offender, detainee or resident, offender sexual abuse by a staff member, contractor or volunteer and offender sexual harassment.

The auditor also reviewed the employee handbook. On page 20, “Offender Abuse and Sexual Contact with an Offender,” it states, “...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years.” It goes on to state “When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor.”

During the interviews with offenders at WMCC, the auditor asked, “Do you feel that staff takes reports of sexual abuse and sexual harassment seriously?” The response from the offenders ranged from a simple “yes” to “they take it almost too seriously.” When asked to explain what they meant by “they take it almost too seriously,” the inmates explained that once a report is made staff is quick to “snatch” up everyone involved. They stated they are removed from the housing unit and talked to by investigators.”

Through the tour of the facility, the auditor noticed signage in every living unit, recreation areas, dining halls, education building that stated sexual abuse is not tolerated at WMCC. Signage also included ways offenders could report such abuse. Signage was easy to find and see as it was located in its own framed bulletin board.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. The position of the PREA Coordinator is listed in the MDOC’s organizational chart and is under the department’s General Counsel. In addition, WMCC has also designated the Deputy Warden of Offender Management as the PREA compliance manager (Site Coordinator). This position is also listed in the facility’s organizational chart and reports directly to the Warden of WMCC. Both positions are required per policy D1-1.13, Offender Sexual Abuse and Harassment, Section III (A)(4) and (5), page 6.

The site coordinator (PREA Compliance Manager) states, “I feel like I have enough time to do my job. It’s been a good learning experience as I have only been in this job for less than a year.”

The statewide PREA coordinator has worked closely with the state’s facilities in preparing them for their upcoming audits. The site coordinator states, “The internal audit helped a lot.”

During this interview, the site coordinator was able to walk this auditor through WMCC’s coordinated response and gave several examples of how this response has come into play at this facility.

115.11(c) N/A WMCC only operates one facility.

Standard 115.12 Contracting with other entities for the confinement of 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A WMCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A WMCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

WMCC’s parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates.

The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC’s policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, “All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department...” The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

WMCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, “The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor’s employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor’s employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor’s employee or agent to criminal prosecution. Any contractor, contractor’s employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution.”

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

WMCC provided examples of PREA audit that was conducted at MDOC’s contracted placement: Center for Women in Transition-Schirmer House

Standard 115.13 Supervision and monitoring

- 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.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10) (11), page 7 states, “The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility’s physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.”

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

The site coordinator states, “Our overall staffing levels are determined by Central Office. At the facility the site coordinator states he stays in constant communication with the warden and the major regarding staffing levels. The site coordinator also reports there have been no judgments or legal findings made against the facility.

115.13(b) Auditor reviewed memo from WMCC’s Chief of Custody to all Shift Supervisors regarding deviation from staff plan. It states, When closing the library and/or chapel or any other changes to the minimal staffing pattern, please provide written documentation to the PREA Site Coordinator and Chief of Custody. Please send the documentation via e-mail and document any changes on your events of shift. Pursuant to D1-8.13 Offender Sexual Abuse and Harassment, Section III, A, 11:11. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted.

*****SOP: Shift Supervisor to submit written documentation to the PREA Site Coordinator any time there is a deviation from the staffing plan. A copy of the documentation goes to the Chief of Custody.** Your prompt attention in this matter is greatly appreciated. Please advise of any additional information you may require.”

Auditor reviewed three examples of deviations of the staffing plan. WMCC advises the most common reason for deviating from the staffing plan includes vacancies, call-ins, annual leave, FMLA and training.

115.13(c) WMCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with WMCC’s Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, “This is in response to the Division’s compliance to PREA Standard – 115.13 Supervision and monitoring. In regard to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you.”

Policy D4-4.8, Security Camera Operations, page 5, states, “To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing.”

RECOMMENDATION: Keep meeting minutes of any discussions regarding discussing security cameras in relation to PREA Audit Report

preventing sexual abuse and sexual harassment.

Auditor reviewed WMCC's calendar year 2014 and 2015 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. Per the 2015 annual report, the evaluation of camera and monitoring systems was completed on January 14, 2016 and the evaluation of the staff plan was also completed on January 14, 2016.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, page 7 states, "Each facility shall ensure the intermediate-level or higher supervisors conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility shall ensure that rounds occur periodically in all areas of the facility. Staff members shall be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during audits as outlines in the facilities standard operating procedure."

WMCC also provided copies of Post Order 16.02, "Shift Supervisors" Section IV (B)(15) states, "Conduct two unannounced PREA accessibility tours each shift and document in shift events as well as chronological log of area toured. There is to be no announcement by staff that this tour is being completed." In addition, page 5 of this same policy states, "Shift supervisors will investigate all PREA related events and notifications will be made as necessary. Complete the PREA notification checklist and turn in all supporting documentation to the PREA Site Coordinator by the end of the shift."

SOP IS20-1.1, Post Orders, Section III (B)(4)(a) page 2 – 3 states, "The chief administrative officer (CAO) of each institution shall: ensure post orders for supervisory custody staff members includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form. Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility and establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds. Shall ensure all staff member post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility"

Auditor reviewed eight random Shift Summary reports from first shift during an eight-month period in 2016. Ten random shift summary reports were viewed for 2nd shift and eight random shift summaries from third shift. Both of shift reviews covered an eight-month period in 2016. These reports document any significant events, changes in housing assignments, incidents of use of force, any special security orders, if staff overtime occurred as well as unannounced rounds completed by captains and lieutenants.

Auditor also reviewed an email dated September 22, 2016 from the chief of custody to all shift supervisors at WMCC. It states, "Shift Supervisors are required to conduct PREA checks of all areas of the institution where Offenders live or work during the month. Please ensure that all areas have been visited at least once a month during your shift. If no offenders were present in these areas during the month, note N/A on your monthly report. Second & third Shift should visit all areas during the month. 1st Shift will note N/A on the monthly checks to note that no Offenders were present in these areas during the shift. Please ensure that all areas have been checked during the month. Effective Sept, 2016: if you do not complete the checks of all areas, a written explanation is to be attached to your End of Month report explaining why the checks were not completed. Thank you."

During the tour of WMCC, the auditor stopped and talked to random staff in the housing units. At least one staff member from every housing unit was asked if supervisors conducted unannounced rounds. The overwhelming response from staff was "yes." The overall impression from staff is that management is approachable and they do not worry "when one comes on to the unit." This was also apparent during the tour as staff and inmates alike approached the warden to say "hi."

The auditor also interviewed a Shift Supervisor (Lieutenant) in regards to unannounced rounds. He states, "I am very proactive and am doing rounds at all times. I file institutional reports with the Chief of Custody and each housing unit chronos the visit in their lo." When asked how they prevent staff from alerting other staff he replied, "I make sure I change up my routine."

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)

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

115.14(a)(b)(c) WMCC does not house youthful offenders.

NOTE:

MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, “A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters...”

This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013

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.

WMCC does not have any gender specific posts.

115.15(a) WMCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 states, “Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches shall be documented as outlined in the institutional services procedure...Offenders shall be allowed to shower, perform bodily functions, and change clothing without non-medical staff of opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks...Staff of the opposite gender shall announce their presence prior to entering an offender housing unit...Announcements shall be recorded.”

The same policy also states, “When a cross-gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcement shall be made at the beginning of the shift. If no cross-gender staff members are assigned to a living quarter, an announcement shall be made every time a cross-gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement. If a circumstance arises to where a cross-gender announcement could comprise the safety, security and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. To notify hard of hearing offenders, all housing units should display a sign indicating when a cross-gender staff member is present. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member shall verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia. Staff members shall not perform strip- or pat-down searches or conduct a physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center. Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs”

Policy IS20-1.3, "Searches", page 8, states, "To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons. Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notification in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross-gender search form and supporting documentation for tracking purposes. No staff member shall perform a strip or thorough pat search for the sole purpose of determining an offender's gender.

115.15(b) N/A WMCC is a male only facility.

116.15(c) Policy IS20-1.3, page 8 and 9, "Searches," also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deem appropriate."

Staff was emphatic that no cross gender strip searches are allowed at this facility except in the instance of exigent circumstances. All male inmates interviewed stated they have never had a female staff member strip search them.

WMCC reported they had no cross-gender strip searches in the past twelve months.

115.15(d) Policy D4-4.8 Security Camera Operations, Section III (B), page 5 states "As authorized by the CAO, stationary security cameras should be positioned where placement will enhance security operations as to view live monitoring of visual images in areas where offenders may be located...Security cameras may be placed in restroom/shower areas when barriers or camera positioning prevents the capture of images of genitals, buttocks, or female breasts. Exceptions will be allowed with approval from the appropriate deputy division director." On page 6 of this same policy it states, "The CAO will designate authorized staff to review visual images at the original source as it relates to their assigned job duties as outlined in standard operating procedures. Access to visual images and recordings should be limited in order to maintain integrity and security. Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cells, etc., occur shall be designated as same gender posts with the approval from the appropriate deputy division director. The Warden, Deputy Warden, Assistant Warden, Chief of Custody, Investigators, Functional Unit Managers, Shift Commanders, Lieutenants and Electronic Technicians are authorized to review visual images at the original source."

WMCC has also implemented additional policies that allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their genitals. IS & SOP version of 6-1.3 Offender Personal Appearance and Grooming, Section III (A)(1) states, "Offenders must be dressed at all times as nudity is not permitted at any time other than when taking a shower or to address hygienic and bodily functions. Offender clothing shall be clean at all times and not worn in any manner or style to identify with or against a gang in accordance with institutional services procedures regarding offender conduct rules and sanctions. Offenders may be required to have clothing laundered at other than normal times due to sanitation or medical needs. Offenders should use privacy barriers provided when using the restroom and when changing clothes."

Auditor reviewed a memo dated November 9, 2016 from the Chief of Custody to all WMCC staff regarding "Suicide Watch Offenders-Cross Gender Procedure." It reads, "In the event that an Offender on suicide watch removes his suicide smock while a female officer is assigned to the control module the following procedure will be followed. The module Officer will advise the housing Sergeant that the Offender has removed the suicide smock. If the Offender refuses to comply with the directive to wear the suicide smock the Sergeant will replace the female module officer with a male Officer to prevent cross-gender viewing of the Offender."

Policy SOP D1-8.13 "Offender Sexual Abuse and Harassment" page 11 reads, "Staff of the opposite gender shall announce their presence prior to entering an offender housing unit. Once the announcement has been made other announcements are not required for the remainder of the shift. Announcements shall be recorded. When a cross-gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcement shall be made at the beginning of the shift. If no cross-gender staff members are assigned to a living quarter, an announcement shall be made every time a cross-gender staff member enters the area. All announcement must be logged on the chronological log by the person making the announcement. If a circumstance arises to where a cross-gender announcement could compromise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. To notify hard of hearing offenders, all housing units should display a sign indicating when

a cross-gender staff member is present.”

Auditor reviewed memo dated October 28, 2016 from the Site Coordinator to all WMCC staff regarding “PREA Cross Gender Announcement and Signage.” It reads, “In order to remain compliant with section 111.15 (Limits to Cross Gender Viewing and Searches) staff of the opposite gender are to announce their presence when entering an offender housing unit. Below are instruction when the housing unit module office will announce the presence of female staff members entering the housing unit: 1) When a female staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift; 2) If no female staff members are assigned to the housing unit an announcement shall be made every time a female staff member enters the area; 3) All announcements must be logged on the chronological log by the person making the announcement. To notify hearing impaired offenders that a female is present in the living area, the control module officer will be responsible for displaying signage. All housing units have been provided with suction cups with metal hooks to hang the signage. Signage will be displayed in the following locations inside the module: 1) Lower right corner of the third module window facing A-wing; 2) Lower left corner of the fourth module window facing B-wing; 3) Lower right corner of the fourth module window facing C-wing; 4) Lower left corner of the third module window facing D-wing. These signs will only be displayed when females are on duty in the living area and will be turned to the blank side when females are not present in the housing unit...”

Auditor reviewed a memo dated November 16, 2016 form the Chief of Security to all staff regarding “PREA Camera Shut off Procedure: Housing Unit #1.” The memo reads, “At this time the camera shut off for Housing Unit #1 suicide watch cells has been in place. Please review and adhere to the following process for shutting off these cameras. The camera system cabinet is to remain secured at all times. The cameras will remain on at all times when an Offender is on a mental health watch status. An offender on a mental health status will not be placed into a cell until the camera is turned on. The cameras will be shut off any time an Offender who is not on a mental health status is housed in the camera cells. Anytime and Offender assigned to a camera cell is taken off a mental health watch status, the housing unit Sergeant will review the Offender’s ICR and verify the removal of the status. The housing unit Sergeant will notify an appropriate supervisor to have the camera shut off in the cell. The camera system cabinet may only be accessed by the following staff using CD60 key: Shift Supervisor, Housing Unit 1 FUM, Assistant Shift Supervisor, and Administrative Segregation Lieutenant. Whenever a cell camera is shut off, the Module Officer will document the camera being turned off by the cell number. Supervisors are responsible for ensuring adherence with this procedure. Please advise of any questions you may have.”

During the tour of Housing Unit 1, auditor observed how this policy is used. Facility administration unlocked the camera system cabinet and demonstrated how it works. Auditors also spoke to random staff working in this Housing Unit and asked about this policy. Each staff member was able to describe how this process works and what is expected of him or her to avoid cross-gender viewing.

During the tour of the facility, auditor observed the PREA barriers in the transitional care units, reception unit, visiting and segregation.

This auditor also reviewed post orders for Segregation Lieutenant, Housing Unit Sergeant, Segregation Unit Sergeant, Segregation Utility Officer and Housing Unit Utility Officer from WMCC. The post orders include in the following information, “All staff are expected to be knowledgeable of the Prison Rape Elimination Act (PREA) standards and reporting procedures as well as policy/SOP regarding offender sexual abuse and harassment. When a cross-gender staff member is assigned to the living quarters for the duration of the shift, the cross-gender announcements shall be made at the beginning of the shift. If no cross-gender staff members are assigned to the living quarter, an announcement shall be made every time a cross-gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement. If a circumstance arises to where a cross-gender announces would compromise the safety, security and good order of the facility, then the shift supervisor may declare the circumstances to be exigent and grant the authority to wave the announcement. To notify hard of hearing offenders, all housing units should display a sign indicating when a cross-gender staff member is present.”

Auditor reviewed a memo dated February 18, 2016 addressed to all wardens in Missouri from Dave Domire, Director, Division of Adult Institutions. The subject of this memo was “PREA Announcement – Revision.” The memo reads, “When a cross gender staff member is assigned to the living quarters for the duration of the shift, the cross gender announcement shall be made at the beginning of the shift. If no cross gender staff members are assigned to a living quarters, an announcement shall be made every time a cross gender staff member enters the area. All announcements must be logged on the chronological log by the person making the announcement.” This memo further reads, “If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, then the shift supervisor may declare the circumstance to be exigent and grant the authority to wave the announcement. All exigent circumstances shall be documented by the shift supervisor. When immediate assistance is needed such as a 10-49 or a 10-5, prior approval is not necessary from the shift supervisor...To notify hearing impaired offenders of cross gender staff in the housing unit; all housing units should display a sign indicating when a cross gender staff member is present.”

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III, (C) (7c) states, “Staff members shall not perform strip – or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and

orientation, and receiving screening intake center.”

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 4, reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the responsible physician,” and in IS & SOP 20-1.3 Searches, page 9. This policy reads, “No staff member shall perform a strip search or thorough pat search for the sole purpose of determining an offender’s gender.”

In interviewing, staff stated they were not allowed to pat search an inmate to determine their genitalia. Intake staff stated if there was a question on the genital status of an inmate, medical would conduct the physical search.

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in SOP D1-8.13 Offender Sexual Abuse and Harassment, page 13. This policy states, “Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.”

Policy SOP IS20-1.3, Searches, page 10, reads, “Transgender or Intersex Thorough Pat Search - When thorough pat searching a transgender or intersex male offender’s upper torso, male staff members will utilize the female offender search technique.

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated May 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Female on Male Pat Search can be found on pages 14 -16 and the Transcript for Transgender, Intersex or Gender Unknown Searches can be found on pages 20 -21 of the curriculum. The lesson plan reads, “Another unique search is a search involving a transgender, intersex or gender unknown offender. PREA requires the Missouri have a standard in place for pat search of transgendered and intersex offenders. 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.”

WMCC provided training records showing that 728 participants have been trained in this curriculum from September 26, 2014 – August 1, 2016.

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

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

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.

WMCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, page 11 states, “ The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department’s procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender’s native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment...”

WMCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, “Speaking Up,” from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

PREA posters were located throughout the facility in English and Spanish.

WMCC currently has five staff members that can interpret Spanish and one staff member that can interpret Tagalog. These staff members have agreed to act as interpreters if needed by the facility.

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2017), Language Interpreter – Verbal (6/30/2017), Written Language Translation Services (4/30/2017), and Telephone Based Interpretive Services (6/30/2017).

On November 6, 2016, WMCC established an account with CTS Language Link for over the phone interpretation services. This service also provides documentation translation and audiovisual services.

Random staff interviews indicated that staff was aware of other staff member that may be used as interpreters. The overall consensus on using offenders as interpreters can be summed up by this quote, “Only if the safety and security of the facility was a factor.”

On the day of the onsite portion of the audit there were no inmates with limited English proficiency at WMCC .

As part of all institutional basic training, staff receive a two-hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication. provided random training rosters from June 1, 2016 to July 30, 2016 showing 31 participants received this training.

115.16(c) WMCC’s Coordinated Response lists CTS Language Link at a recourse for those victims who are limited English proficient. NOTE: No inmate interpreters have been used in this type of circumstance.

Auditor reviewed a memo dated August 4, 2016 from WMCC’s Site Coordinator to all staff. The subject of the memo was “Offender Interpreters.” The memo states, “ WMCC does not use offender interpreters in instances of PREA claims, investigations, counseling or any other PREA issues.”

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 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.

WMCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known; that he has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.”

WMCC provided a copy of an email from the State HR Director dated 12/1/2014 to all facility Human Resources divisions outlining ineligibility of applicants with substantiated allegations or resigned during an investigation.

Prior to conducting an interview with facility’s human resources director, a random selection ten employee files was conduct to determine whether a criminal background check was conducted. In all ten files, the audit team was able to find documentation that criminal background checks were conducted. In addition, the auditor reviewed five background checks on two new hires and three background checks on current staff that were being considered for promotion.

During the human resources director’s interview, she stated the facility asks all applicants/employees about any previous misconduct. She advised this question is on all applications. **NOTE:** A blank copy of the application for employment for WMCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor who may have contract with offenders in accordance with departments procedures regarding background investigations, promotional appointments, maintenance of employee records, employee discipline, and labor organizations.”

The human resource director indicated that questions asking if applicants have ever worked in a facility governed by PREA include questions on sexual harassment. If they indicate “yes” on the application, it is investigated.

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are sited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the department procedure regarding background investigations.”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource director at WMCC states that criminal background checks are done for all newly hired and returning employees.

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

An email dated 5/6/2015 from the Director of Division of Offender Rehabilitation Services to contractors with MDOC on background checks reads, “Make sure you document responses to these questions and keep all this information in the hiring folder. If the institutional employer will not provide information on the applicant, document this as well. We must be able to show our due diligence in obtaining this information for PREA auditing purposes. If the applicant did have a substantiated allegation of sexual abuse and/or they resigned during an investigation for such, they should be considered ineligible for any position (employee or contractor) which has offender contact.”

A memo dated August 29, 2016 from the Site Coordinator to the Corizon Health Administrator regarding “Hiring Procedure” reads, “ The following procedure should be utilized for possible new hires: When the interview is scheduled, provide the Deputy Warden's office with the name, social security number, birth date of the applicant(s) and time and date of the interview. XXXXXXXXXX will run a background check and Deputy Warden XXXXX will review and if approved to enter the facility their name will be placed on the I:Drive approved clearance list and you will be notified. During the interview, have the applicant sign the Release of Information and PREA Appendix. Once you have chosen a candidate for hire, forward the documents to my office for final approval. After receiving approval, offer the candidate employment on the condition they pass the UA. The candidate must provide a UA within five (5) working days of the offer of employment.”

The facility’s director of human resources reported background checks are done for newly hired and returning employees, contractors. She states the facility uses the Highway Patrol’s System as well as MULES to conduct criminal record checks. She also states that employees have a duty to report any arrests. When it comes to reporting information on former employees who apply to work at other institutions, she states, “This is done through Central Office. They can look in the COIN system to see if this information exists.”

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

115.17(f) The auditor also reviewed the employee handbook. On page 18, “Employee Conduct – Reporting Criminal Misconduct (Arrest)” states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.

The human resource director stated that it specifically listed on their applications that all arrests are to be reported to the facility.

115.17(g) On page 45 of the employee handbook, “Employee Discipline,” it states, “Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending.”

115.17(h) Policy D2-5.1 “Maintenance of Employee Records”, page 7, Section (III)(K)(3) states, “A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources.”

Standard 115.18 Upgrades to facilities and technologies

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.

115.18(a) N/A WMCC has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit dated October 23, 2014.

115.18(b) WMCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. This is WMCC’s second PREA audit.

PREA Annual Report Protocol “At least once a year, the facility must evaluate their need for additional cameras and monitoring systems.”

Auditor reviewed a memo dated February 18, 2016 regarding “PREA Security Camera/Institutional Video Monitoring Evaluation,” from the Chief of Security to the Warden. This memo outlined the results of the comprehensive review of all security cameras, servers, and monitors at WMCC. This memo also highlighted the meeting held on January 27, 2016 to discuss the placement of Security Cameras and Institutional Video Monitoring.”

Auditor reviewed the WMCC Security Camera Upgrades memo dated November 2, 2016. This memo outlines the addition of 11 new cameras and their location. Encoders, including an additional camera, were also installed in Housing Units 6, 7, 8, 9, and 10.

Policy SOPD4-4.8 “Security Camera Operations,” Section C “Assessment” page 5, states, “To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment monitoring should be augmented to supplement supervision by staff in accordance with department procedure regarding serious incident reporting and debriefing.”

Auditor also reviewed two security inspection reports of the camera system at WMCC. These reports were dated June 2016 and July 2016.

This facility has excellent camera coverage. Camera placement along with direct supervision of the staff, and strategic placement of rounded mirrors reduced blind spots and enhanced the safety of the offenders housed at this 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)

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.

WMCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at follow a uniform evidence protocol. This protocol is also developmentally

appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Qualified Staff trained as victim advocates are made available to all victims.

115.21(a) During the interviews of random staff all stated they would secure and separate the offenders. They explained they would not allow anyone to shower, get a drink or change clothes. They stated they would secure the scene and notify their supervisor. While some of the staff was not sure who was responsible for conducting the sexual abuse investigations, they all knew their role in preserving evidence.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the “A National Protocol for Sexual Assault Medical Forensic Examinations.” The State PREA Coordinator reports, “We didn’t use a specific source; we follow the national standards based on training received.” The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.” CDCC has a contract with Heartland Regional Medical Center in St. Joseph, Missouri to conduct all SANE/SAFE’s In the past 12 months, no exams have been performed.

115.21(d)(e) In addition, policy D1-8.13, “Offender Sexual Abuse and Harassment,” Section III (K) page 20, addresses Advocacy. It states, “Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department’s procedure regarding professional and general services contracts. If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt shall be documented and advocacy services shall be sought from a community based organization qualified to provide such services. When the facility cannot successfully enter into a memorandum of understanding with an outside community service provider for offender victim advocacy services, a qualified staff victim advocate shall be provided. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services.”

WMCC has attempted to contract with a local community advocate, Green Hills Women’s Shelter. Auditor reviewed an email dated November 1, 2016 regarding the attempt to collaborate Green Hills Women’s Shelter. Staff with the facility stated they are unable at this to form a collaborative partnership with WMCC. However, WMCC does have an MOU with the YWCA in St. Joseph, MO to provide victim advocates. This MOU was signed in 2014 and remains in effect. In addition, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. (Auditor reviewed curriculum used to train Chaplains.) Facility also has established a PREA Advocate Availability Rotation Schedule.

During the tour of WMCC, information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

While this auditor interviewed several inmates that reported sexual abuse, only one was willing to talk about his experience. He reported that she was not aware that he could have access to an advocate. He states that no one from the facility came and spoke with him.

RECOMMENDATIONS: It is recommended that offenders are re-educated about emotional support services available at the facility. One way this can be done is during meetings between offenders and their case managers. Case managers can have this information readily available in their offices if they receive a report that sexual abuse has occurred.

The audit did review ten “Consent for Facility Advocacy Services.” All three forms were signed by inmates and witnessed by staff showing one requesting advocacy services through the facility and two refusing advocacy services.

115.21(f) The Inspector General’s Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to them. WMCC currently has two investigators. WMCC is responsible for administrative investigations.

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)

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 ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, “The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department’s intranet website...”

See also policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

During the past twelve months, WMCC received 67 allegations of sexual abuse and sexual harassment. Of these cases 38 resulted in administrative investigations and 29 were referred for criminal investigations.

115.22(b) Policy D1-8.1 Investigation Unit Responsibilities and Actions define offenders’ sexual harassment by a staff member and staff member sexual misconduct. On page 7 of this policy it reads, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment. If the department receives notification from another agency that an offender alleges to be a victim of sexual abuse or harassment while incarcerated in the department, an investigation or inquiry may be conducted in accordance with investigation unit responsibilities and actions or administrative inquiries procedures.”

115.22(c) Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>

Standard 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 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.

WMCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. “All staff members shall receive initial PREA training during the department’s basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training.”

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

All staff interviewed during this audit was able to describe major portions of the training they received on PREA.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment also reads, “All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member shall receive additional training if they are reassigned from a facility that houses only male offender to a facility that houses only female offenders. A staff member shall receive additional training if they are from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional training occurred more than two years prior to the time of assignment.”

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, “All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department’s PREA coordinator shall provide current information on sexual abuse and sexual harassment policies.”

WMCC provided examples of staff meeting minutes, per housing units, document reviews of PREA compliance.

Auditor was also advised that MDOC ensures the PREA intranet page is kept up to date. This page is readily available to all staff and contains all things PREA.” (Auditor was provided an example of what this page looks like.)

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “All completed PREA trainings shall require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form shall be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator shall send the original PREA acknowledgement form to the central office human resources personnel for retaining in the employee’s personnel file...”

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 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 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 volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
- Offenders Work Release Supervisor Training (5 hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse. In March 2016, 22 participants completed this course and the auditor found signed acknowledgments for every participant.
- The Profession of Corrections and PREA (2 hour course)

The Site Coordinator states, "We have volunteers that receive PREA training prior to entering the facility and they receive yearly PREA information. These individuals are not escorted inside our facilities. Contractors are considered businesses and their employees who are contracted with/by the department to perform services such as construction work, repair work, etc. These individuals are escorted by staff at all times and do not receive PREA training. However, PREA is included within their contract with the department. Work Release Contractors receive PREA education prior to working with our offenders and yearly thereafter. Community Reentry Partners do not receive PREA education and are escorted by staff at all times."

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from Corizon..

115.32(c) Staff Development at WMCC reported, "After the VIC is interviewed and the Warden has approved them, I send them to the Volunteer in Corrections Basic Training class held at WRTC in St. Joseph Missouri. PREA is part of the curriculum and Melissa Green who is the secretary at WRTC will mail the PREA Basic Training Acknowledgement Form to me, to put in the VIC'S File. The VIC are trained on PREA every year after the basic PREA class is taken. VIC either take the Volunteer in Corrections Basic Training class every year for their PREA Training or they can attend our Volunteer Recognition Banquet in March and we have WRTC Training Staff train them on PREA there. We have the VIC'S sign and date the PREA Annual Training Acknowledgement Form and it is put in the VIC'S File. All VIC are trained on PREA on a Yearly Basis by trained staff at WRTC."

WMCC reports that in the past 12 months 124 volunteer and contractors have received PREA training.

Standard 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 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.

WMCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

Auditor toured the intake area was taken through the intake process. Intake staff stated that PREA information is provided to all offenders on the day they arrive at even though they have up to 72 hours. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with inmates at WMCC, all stated they watched the PREA video and received PREA information upon arrival.

In the past 12 months, 1,794 inmates received PREA information during intake.

115.33(b) The Site Coordinator reports, “Offenders receive PREA education upon intake. Offenders sign an acknowledgment form for the PREA brochure. They also receive a copy of the Receiving and Orientation pamphlet, which also contains PREA information. On Wednesdays, all new offenders meet in the Chapel and watch a 16-minute PREA education video called “PREA WHAT YOU NEED TO KNOW”. We also show a PREA slide show on the information channel via closed circuit television. There are six slides pertaining to PREA shown continuously 24 hours a day, 7 days a week.”

In the past 12 months, 1,622 inmates (whose length of stay in the facility was for 30 days or more) received PREA education. This was done in the form of the educational videos and brochures. In addition, information posters were found throughout the facility.

Auditor reviewed random sign-in sheets signed by offenders that watched the PREA Video while in intake.

Auditor reviewed an email dated November 17, 2016 from WMCC’s Assistant Warden to all Classification Staff. It reads, “If an offender is going to the Administrative Segregation Unit upon arrival to WMCC, they will review the PREA video in D-cell in R&O. The offenders that arrive at WMCC and go directly to general population will review the PREA video in the Chapel during orientation. If for example an offender gets unruly in R&O and does not review the video before being placed on Temporary Administrative Segregation Confinement, will review the video on the Case Managers computer in the ADSEG unit. If this does occur it is the R&O staff’s responsibility to notify CCA France who will schedule with One house staff to get this task completed.”

115.33(c) Auditor reviewed an email sent out to all Site Coordinators from the Statewide PREA Coordinator on August 12, 2013. This email contained the following directive: “Don’t forget that sometime between August 8 and August 13, every offender in your facility must receive a PREA brochure and sign the acknowledgement form. I have attached the memo that you received during the meeting that will outline how to order additional brochures or acknowledgment form. Also...we learned during the DAI meeting that everything can be purchased with canteen funds.”

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III (C) 6, page 12, discusses Offender Education must be

provided in the native language of the inmate and in formats that deaf, visually impaired or otherwise, can understand. It also states, "Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated in the offender's native language the department's PREA site coordinator or designee shall work with additional staff to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook and the offender brochure on sexual abuse and harassment in accordance with the institutional services procedure regarding diagnostic center reception and orientation."

WMCC provided examples of PREA brochures, posters and acknowledgement forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video "Speaking Up for Female Offenders" in English and in Spanish.

Throughout the tour the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

Auditor reviewed the WMCC Receiving and Orientation Admissions Packet, revised November 1, 2016. This packet contained information PREA and Grievances Policy. These both are found on page 16 of this packet.

WMCC also had posters/brochures with information on how" friends, family or anyone outside of the facility may report on behalf of the offender..."

115.33(e) Auditor reviewed a log from January 2016 showing inmates who transferred into WMCC received PREA education. Twenty-three offenders were listed on this log and the log contained inmate signatures. Auditor also reviewed sample logs from January 27, 2016, February 3, 2016, December 30, 2015 and September 6, 2016. These logs were of inmates that came through intake at WMCC.

Standard 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 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.

WMCC requires training of investigators to in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, "All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general's office staff members."

115.34(b) Auditor reviewed the curriculum "Investigating Offender Sexual Abuse in Confinement Settings," 36 hour course designed for Inspector General staff members and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 "Investigating Allegations of Sexual Abuse," pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 "State Laws and Policies" pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 "Investigating Allegations of Sexual Abuse" page 8 -11 and pages 18 -30)

This training curriculum also included a module titles "Mock Crime Scene Investigations" wherein participants took what they learned in PREA Audit Report

previous modules and applied it a practice setting.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 56 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training. This training roster included the investigators assigned to WMCC.

Standard 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 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.

WMCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. WMCC has access to SANE examiners through Corizon. As of August 13, 2016 Corizon has 40 nurses across the state of Missouri who are state certified sexual assault nurse examiners.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, “Medical and mental health staff members shall receive annual specialized PREA training.”

Auditor reviewed curriculum “PREA Specialized Medical/Mental Health Professionals” dated May 2015. This course is worth two hours and covers the following topics (NOTE:: This curriculum has been revised and reduced from four to two hours since all Corizon staff take WMCC’s annual PREA refresher training):

- Victim Centered Approach
- What is your role in PREA
- Preserving Forensic Evidence
- Medical and Mental Health Documentation Do’s and Don’ts
- After care an ongoing treatment related to PREA events

115.35(b) N/A The medical staff at the facility to not conduct forensic exams.

115.35(c)(d) Auditor reviewed random training acknowledgements of six medical and mental health employees received a PREA refresher in 2015. Also reviewed training logs and additional acknowledgements from 2013 and 2014.

Corizon staff who were interviewed were able to explain their role in WMCC’s coordinated response.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

WMCC has a policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states “Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival.”

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, “Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, “CCM’s will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score.”

Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form.

Auditor reviewed nine random inmate files and all met the 72 hours timeframe for receiving risk assessment upon admission to WMCC.

Intake staff also report that these inmates are always reassessed at the 30-day mark to see if any changes have occurred. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told that no sanctions will be given for refusal to participate.)

Inmates that were interviewed states they remembered being asked a “bunch of questions” at when they were at intake. While they could not remember the exact questions, they remembered being asked about sexual abuse and sexual identification.

There were 1622 inmates entering within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This auditor reviewed the tracking form used to track the inmates date admitted to WMCC, the date of the 72 hour assessment, 30 day review and the date the 30 day review was completed. All assessments were completed in a timely manner and according to standards.

115.41(c)(d)(e) Auditor reviewed ’s risk screening tool and found all 10 elements in this standard were covered. Auditor also reviewed 9 random assessments from February 2016 – November 2016 that were completed within 72 hours of intake and another random sample of 30 day reassessments from December 2015 to June 2016. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the “The Adult Internal Risk Assessment Manual” which contained relevant information on how to complete the internal risk assessment. For example, this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility’s database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

During the interview with a staff member who performs screening for risk of victimization and abusiveness, they reported the screening tool takes into account medical issues, disability, have they been a victim, have they been in prison/jail before, their age, weight, and type of offenses they have committed. They stated this assessment is done when they arrive at intake.

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, reads, “CCM’s will complete a second internal classification within 30 calendar days of the offender’s arrival to the facility...”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C)(1), pages 10, states “The offenders risk level shall be reassessed

when warranted due to referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offenders risk of sexual victimization or abusiveness.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

Auditor also reviewed five event driven reassessments from December 2015 – May 2016.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, “...The offender shall not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

115.41(i) On pages 4 and 5 of Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, outlines how the internal classification scores will be documented. In Section (F) it states, “(1) Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. (2) CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

The Site Coordinator reported only case managers have access to the information found on the risk assessment. She reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

Standard 115.42 Use of screening information

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

Auditor 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.

WMCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. WMCC (MDOC) has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

WMCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, transgendered inmates have been assigned to WMCC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

In this same policy on page 3, housing based internal classification is addressed. It states, “Upon completion of the internal classification, the offender will be housed according to his score in accordance to the internal classification manual. Whenever possible, sigmas should be celled with sigmas and alphas with alphas. If an offender does not have an internal classification score he should be housed with a kappa with similar demographics until the offender internal classification instrument is completed.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

On page 6 of this same policy, states, “The Required Activities Coordinator will notify the work supervisor of the offender’s internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity.”

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, “All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments.”

Auditor reviewed a memo dated November 16, 2016 from the Site Coordinator to all staff, it reads, “Offenders attending programs, such as Alcoholics and Narcotics Anonymous, that need to utilize the restroom, will inform the Educational custody officer. Only one offender is allowed to utilize the restroom, which is located in the main entrance hallway of Education. Only one offender at a time, and if there is more than one offender they are to wait in the educational hallway next to the custody officers office.”

Auditor also reviewed another memo dated September 26, 2016 from a Functional Unit Manger to the Site Coordinator. It reads, “The AIC’s Location Summary is a report that is ran each week from the AS400 program. This report indicates where Alpha, Kappa, and Sigma Offenders are assigned. There are several wings at WMCC that houses Sigma offenders. Those wings are C and D of Housing Unit 10 and B and C from Housing Unit 3. There are special programming wings that have Sigmas and Alphas in the same wing: However, they are not assigned to the same cell. These programs include Puppies for Parole Program, located in B Wing of Housing Unit 8, Therapeutic Care Unit on B Wing of Housing Unit 3, Work Release located on B Wing of Housing Unit 4, and the Therapeutic Community Program located on Housing Unit 2 in C and D Wings. All other wings with the exception of special programming wings, do not have sigma offenders assigned them. I run this report each week to ensure that offender are appropriately assigned.”

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, “Each institution shall convene a transgender committee to determine and review an offender’s classification on a case by case basis. A transgender or intersex offender’s own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender’s arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee’s approved written decision shall be maintained in the offender’s classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case by case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP.”

SOP D1-8.13, Offender Sexual Abuse and Harassment, page 11, states “Housing assignment for transgender and intersex offenders shall be made on a case-by-case basis by the institutional transgender/intersex committee or designee of the community confinement facilities to ensure the health and safety of the offender in accordance with the institutional services procedure regarding offender housing assignments and the probation and parole procedure regarding risk assessment and housing assignments.”

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, “The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender’s health and safety and the security of the facility through a review of the respective classification, medical and mental health records.”

A copy of the template the Transgender Committee would use to determine housing was also reviewed by the auditor.

The Site Coordinator reported that WMCC does not have a designated wing to house transgender or intersex inmates.

Auditor reviewed minutes from five transgender committee meetings held in 2016. This included four initial meetings and one follow-up meeting.

Standard 115.43 Protective custody

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

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.

WMCC has policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, there has been **no** inmate placed in involuntary segregation.

115.43(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states “Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and 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 in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to 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 institutional services procedures regarding segregation units and protective custody.”

Policy IS21-1.1 “Temporary Administrative Segregation Confinement” states, “Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others...”

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated victims that request segregation are there less than 30 days unless they (the victim) request a longer stay.

Random interviews of inmates revealed a common theme. All stated they would not report being a victim of sexual abuse because they would “immediately go to the hole.” They reported they have seen it happen multiple times.

RECOMMENDATION: The auditor spoke to administration about the perception the inmates have of being placed “in the hole” when they report sexual abuse or harassment. After much discussion, it is believed that inmates are in fact seeing the coordinate response and the victims are being separated out for interviews and trips to medical and/or mental health. It is recommended that Functional Unit Managers and Corrections Case Managers talk with the inmates in their living units and stress that victims are not punished for reporting sexual abuse and harassment

The auditor could not find documentation to support this claim. The auditor randomly selected another five PREA notification files from the Site Coordinator. Upon review of these files, there were no instances where the victim was involuntarily placed in segregation. All housing documentation indicated that victim remained in their housing unit.

115.43(b) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(c) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(d) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

115.43(e) WMCC states there have been no inmates placed in segregated house for high risk for sexual victimization in the last 12 months.

NOTE: Auditor reviewed MDOC’s Segregated Housing for Protective Custody which outlines an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

Standard 115.51 Inmate reporting

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

Auditor 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.

WMCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by WMCC.

As of the date of this audit, WMCC does not have any offenders detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways inmates can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report. They advised this information was in their employee handbook.

Inmates interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. Although they were aware of the PREA hotline, many felt that it was not anonymous. They also reported they felt most staff took reports seriously and they felt safe at WMCC.

Information on reporting was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

115.51(b) Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

115.51(c) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed five PREA Notifications made by an anonymous reports and third party reports. WMCC initiated their coordinate response promptly according to their policy and PREA national standards.

115.51(d) Policy SOP D1-8.13 "Offender Sexual Abuse and Harassment" reads, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the staff tips hotline. The staff tips hotline phone number is located on the MDOC intranet home page and on posters in various common staff areas throughout the institution.

Staff Tips Hotline posters are throughout the facility and are located in staff break rooms and on the MDOC intranet home.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor 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.

WMCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. WMCC also outlines, through policy, where grievance cannot be filed.

WMCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, one grievance has been filed. This grievance was handled in a timely manner and the was determined to be unfounded by investigators.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of

the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
 - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit”

SOPDI-8.13 Offender Sexual Abuse and Harassment, page 14, addresses exhausting administrative remedies. It states, “The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department shall not impose a time limit on when an offender may submit a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit responsibilities and actions. The department shall ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, administrative inquiries, and investigation unit

responsibilities and actions.”

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, “Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal.” Also on page 6, Section III (E)(4a)(1) it states, “When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status.”

Auditor reviewed the WMCC Receiving and Orientation Admissions Packet. The section “PREA Incidences and Grievance Procedures” reads, “PREA Emergency IRR, PREA IRR, PREA Grievances, and PREA Grievance Appeals have no time limits imposed on when an offender may submit a complaint regarding an allegation of offender sexual abuse. Third parties, including fellow offenders, staff members, family members, attorney, and outside advocates shall be permitted to assist offenders in filing PREA IRR’s, grievances, and grievance appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. If an offender has a PREA IRR alleging sexual abuse by a staff member, the offender does not have to submit the PREA IRR to the staff member they have alleged to be the perpetrator. **You are encouraged to review Departmental Policy D5-3.2, Offender Grievance in its entirety in the institutional library or in the green offender rule book you have been provided.**”

115.52(d) Auditor reviewed WMCC’s Grievance PREA Tracking Log with dates from January 2014 – September 2016. At this time, WMCC has not had any grievances where a final decision was not reached within 90 days.

Auditor also reviewed four investigations that were initiated by a grievance. PREA protocols were initiated with all investigations reviewed.

115.52(e) WMCC reports they have had no third party grievances filed within the past year.

115.52(f) WMCC reports they have had no emergency grievances filed pursuant to this standard.

Standard 115.53 Inmate access to outside confidential support services

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

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.

WMCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. WMCC was unable to enter a MOU with a local community provider However, an MOU with YWCA- St. Joseph was established..

115.53(a)(b) SOP version D1-8.13 Offender Sexual Abuse and Harassment, it reads, “WMCC will utilize YWCA – St. Joseph for SAFE/SANE out counts to Mosaic Life Care only. The Institutional Chaplain is the Site Advocacy Liaison and will serve as the victim services advocate when the YWCA is unavailable for onsite victim advocate needs...All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety shall receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous, to the office of the inspector general. Offenders shall have reasonable access upon their request to the ongoing services of a victim advocate to include: Communication by mail or special visits in as confidential

manner as possible to maintain safety and security of the institution. Being informed prior to being given access to a victim advocate, the extent to which communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws.

Outside victim advocates shall be allowed to arrange special visits with the offender victim in the facilities on non-visitation days. All visits shall be arranged through the PREA site coordinator or designee. Facilities shall make available to offenders mailing addresses, telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations. *****SOP: Offenders are provided the following addresses for communication to national sexual abuse agencies. These mailings from offenders will be in compliance with policy regarding offender mail procedures and treated as legal mail.**

**Just Detention International
(RAINN)
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010**

**Rape, Abuse and Incest National Network
1220 L Street NW, Suite 505
Washington, DC 20005**

The facility shall enable reasonable communication between offender victims and these organizations. A list of the above shall be maintained in the library and/or other common areas of every facility.

Auditor reviewed WMCC Receiving and Orientation Admissions Packet. This packet contained information on what and advocate it, what they do not do, and how to reach or request one.

Auditor reviewed a memo dated September 14, 2016 for the Site Coordinator to all staff, regarding Offender Anonymous Reporting in Segregation Housing and Offender Advocacy Requests,” it read, , “When offenders are initially assigned to segregation housing they are provided a copy of the PREA segregation flyer advising the offenders that they there is a confidential method to report PREA incidents and requesting advocacy. The Case Manager in the Administrative Segregation unit will make regular rounds and will accept any letter to the Missouri Department of Public Safety and any letter addressed to the Just Detention International or RAINN for advocacy. These correspondences will be hand delivered to the Mailroom by classification staff for inclusion in outgoing mail. There should not be any attempt to identify which offender wrote the correspondence.”

Inmates in WMCC’s Administrative Segregation can contact JDI, RAINN as well as Missouri Department of Public Safety. They are given the addresses and are instructed they do not have to place their return address on the envelope.

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

Interviews with inmates resulted in mixed responses in when it came to the discussing availability of advocates. Most stated they knew they were available but was unsure how to access them if needed.

RECOMMENDATION: Have the Case Managers re-educate inmates when they meet with them; just as staff need PREA refreshers so do inmates. Have them do a brief PREA refresher that covers reporting and advocacy availability.

115.53(c) WMCC currently does not have a local Advocate Agency that can provide emotional support services. An email dated November 1, 2016 advises that , “Green Hills Women’s Shelter currently will not be able to partner with DOC regarding PREA.” WMCC was able to enter into a MOU with YWCA – St. Joseph, MO for advocate services. If an advocate is not available, WMCC uses the facility Chaplain to act as a qualified staff member.

Standard 115.54 Third-party reporting

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

Auditor 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.

WMCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, “All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure.”

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

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 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.

WMCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

115.61(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, “The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, “Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department.

WMCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported are just as liable for failing to report sexual abuse and sexual harassment as they would be for failing to report any crime.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment reads, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

Auditor reviewed two PREA notification made by a mental health professional. PREA protocol was followed per agency policy.

115.61(d) Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or
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considered to be a vulnerable adult. The policy states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, “When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as “any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program.”

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

115.61(e) SOPD1-8.13, Offender Sexual Abuse and Harassment,” pages 16 and 17 states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged.”

WMCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

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 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.

WMCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, “If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and 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 in accordance with institutional services procedures regarding segregation units.”

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility’s coordinate response and separate the victim from the alleged perpetrator.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

WMCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

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 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.

WMCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, “Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department’s PREA coordinator. The PREA coordinator will ensure notification to the facility is made within 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections.”

WMCC reported that in the last twelve months they have received three reports from incoming or current inmates that abuse occurred at another facility. Auditor review three examples of such reports and subsequent notifications.

WMCC stated, “In the event that a report is received that an offender was sexually abused or harassed while housed at another facility, the issue is referred to the shift supervisor who will immediately assess the offender’s need for protective custody. The shift supervisor will complete the PREA notification checklist. In addition, the PREA Site Coordinator appropriate Staff Members at the facility in which the abuse took place, will be notified immediately via electronically.”

WMCC reported that in the last twelve months, they have received one report from another agency regarding sexual abuse reported to have happened at their facility and the Site Coordinator was notified within 48 hours and a PREA Checklist was initiated.

Interview with facility administration revealed that any notification WMCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

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 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.

WMCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. reported they had 48 allegations reported where security staff members responded to reported allegations where they victim and perpetrator had to be separated and evidence was collected. They also advised they had zero allegations reported where a non-security staff was the first responder and secured potential evidence on the victim.

115.64(a) Auditor reviewed WMCC’s Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, “Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.”

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed 30 documented examples of a coordinated response. This included reviewing notifications made by security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

Staff all stated that as a first responder they responsibility is to separate the victim form the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. When asked if they would allow the Warden to enter the area, the answers were mixed as they did not want to disobey the Warden.

115.64(b) All WMCC staff could potentially become first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment. (per email August 25, 2016)

When talking with contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

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 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.

WMCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17. It states, “CAO or designee shall coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until an outside interpreter can be arranged. If the allegation is reported directly to a facility administrator the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist.

Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
 - In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
 - In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
 - Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff.
- Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department’s PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours.
- A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections.”

Administrative staff articulated all components of the facility’s coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

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

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

- Does Not Meet Standard (requires corrective action)

Auditor 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.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, “Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, “The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime.”

Standard 115.67 Agency protection against retaliation

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

Auditor 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.

WMCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for inmates and staff in the following manner:

- Inmates:
 - The PREA site coordinator shall ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation.
 - Immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted in the following manner:
 - The alleged victim and reporter of offender sexual abuse or harassment shall be monitored for a minimum of 90 days to assess any potential risk or act of retaliation.
 - For offender victims and offender reporters, monitoring shall include face-to-face status checks by staff members a minimum of every 30 days.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
 - If the victim or reporter expresses fear of retaliation, monitoring shall continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.
- Staff

- The PREA site coordinator or designee shall monitor all staff reporters of offender sexual abuse or harassment for a minimum of 90 days. Monitoring shall include but is not limited to monitoring for changes that may indicate retaliation, negative performance reviews, or reassignments.
 - The assessment/retaliation status check form shall be used during each of the assessment interviews.
- The PREA site coordinator or designee shall ensure all witnesses receive an initial assessment utilizing the assessment/retaliation status check form.
 - Witnesses who voice they have no concerns regarding potential retaliation shall not receive further monitoring.
 - The witness shall sign the assessment/retaliation status check form showing they have no concerns regarding potential retaliation.

This policy also states, “The PREA site coordinator shall report all evidence of retaliation to the CAO to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator shall act promptly to remedy any such retaliation and protect the individual. The PREA site coordinator shall ensure victims, reporters, and witnesses that report a fear of retaliation and/or possible victims of retaliation be offered emotional support services. Emotional services for offender victim, reporters, or witnesses include but are not limited to, case management or referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff reporters or witnesses included but are not limited to, employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered victim or suspected victim shall be noted on the assessment/retaliation status check form. In the event that a victim, offender reporter, or a witness is transferred during a period of monitoring, the PREA site coordinator shall forward the assessment/retaliation status check form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution shall ensure monitoring continues as outlined in this procedure. The PREA site coordinator shall ensure the completed assessment/retaliation status check form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop. In the event the allegations are determined to be unfounded the agency shall terminate monitoring.”

WMCC provided an example of “Assessment/Retaliation Status Checklist” form and WMCC provided example ten examples of monitoring for retaliation. It should also be noted that during the retaliation monitoring advocate services were offered to the offenders and no offenders requested these services. In addition, one of the ten example this Auditor reviewed covered monitoring that exceeded the 90 days and was extended to 120 days. At the 120 review, the offender refused to participate in the check-in and monitoring stopped.

Standard 115.68 Post-allegation protective custody

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

Auditor 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.

WMCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and 18, under Segregated Housing in Institutional Setting states, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.

- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and 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 in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to 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 institutional services procedures regarding segregation units and protective custody.”

WMCC reports, “There have been no instances of involuntary segregated housing for offenders who are at a high risk of sexual victimization. Therefore, no documentation exists regarding access to programs, privileges, education, work opportunities, etc.”

Standard 115.71 Criminal and administrative agency investigations

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

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 Inspector General conducts all criminal case investigations at WMCC. Administrative agency investigations are also conducted at WMCC.

115.71(a) Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, “The department maintains a zero tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law.”

Page 7 of this same policy states, “The facility shall report all allegations of sexual abuse, including third-party and anonymous reports, in accordance with the department procedure addressing offender sexual abuse and harassment.”

Page 10 of this same policy, Section H, outlines the investigators responsibilities. The policy states, “All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall

interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee. Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible. Administrative investigations shall include an effort to determine whether staff member actions or failures to act, contributed to the behaviors being alleged. The departure of the alleged abuser or victim from employment or control of the department shall not provide a basis for terminating the investigation. When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

115.71(b) Auditor reviewed the training roster from "PREA Specialized Investigator Training" dated January 1, 2013 through September 20, 2014. The roster showed that 56 investigators statewide received this training during that period. In October of 2014, 17 investigators also attended this training.

115.71(c) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office."

In the past 12 months there have been three investigations involving a SANE exam other evidence at WMCC.

115.71(d) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration, and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

There have been no cases referred for prosecution at WMCC in the past 12 months.

115.71(e) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee."

115.71(f) Policy D1-8.4 Administrative Inquiries, page 5, Section III, (A) states, "Any staff member having direct or indirect knowledge of a potential category I or IV behavior shall immediately notify the CAO by submitting a report of incident, or memorandum, through the chain of command. A copy of all reports of harassment, sexual misconduct, discrimination, or retaliation should be sent to the employee relations supervisor. Staff members must fully cooperate with all administrative inquiries and must fully and truthfully relate their knowledge of all facts pertaining to the alleged behavior under review. Staff members who are the subject of a criminal investigation are not required to provide incriminating information about their own misconduct. However, in all other cases, staff members must fully cooperate with any investigation or administrative inquiry and truthfully relate their knowledge of all facts."

Pages 5 and 6 of this same policy discuss when an administrative inquiry may be conducted. This policy states, "An administrative inquiry may be conducted when a staff member may have been engaged in category I behaviors, or an offender may have been engaged in category IV behaviors. When the CAO receives information that a staff member may have been engaged in category I behavior, the CAO shall review the information and determine the appropriate course of action... The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment. Based on the circumstances of the allegation, the CAO may immediately remove or reassign the staff member from having contact with the offender pending the outcome of an investigation, or the determination of whether and to what extent discipline is warranted, or if there is reason to believe the offender is being retaliated against by the staff member."

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general's office and they in turn make the determination if an investigation is going to be opened

Auditor reviewed four administrative investigation. These cases all involved offender-on-offender sexual harassment.

115.71(g) Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "Investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attach copies of all documentary evidence where feasible."

115.71(h) WMCC did not have any cases forwarded to the PA in the 12 months.

115.71(i) Auditor reviewed the Agency Records Disposition Schedule and found that records are retained for 50 years.

115.71(j) Auditor reviewed three cases involving WMCC employees who resigned as a result of a PREA allegation.

NOTE: Investigative staff stated they have received specialized PREA training and was able to explain what they covered in training including the discussion of DNA collection, Miranda, Garrity and interviewing victims. Investigative staff stated that all investigations are written in report form. They interview victims, alleged perpetrators, witnesses as well as review any video surveillance that is available. Staff also stated that they look at the totality of the investigation before making a determination. They do not look solely on the credibility of the victim. Investigations are not terminated until all facts and evidence is gathered. Staff stated they do not terminate an investigation when the alleged perpetrator leaves the facility. (This includes staff.)

Auditor reviewed several investigations. Investigators interviewed victims, witnesses and the alleged perpetrators. These investigations also included an anonymous report through their Crime Tips hotline. All reports were very thorough and done in a timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

WMCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

WMCC also provided examples for this auditor to review. Auditor reviewed three cases of PREA allegations of inmate on inmate sexual harassment and staff on inmate sexual harassment.

Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated. The investigator reported that he treats cases in the correctional setting just as he did while working in the community as certified law enforcement officer.

Standard 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 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.

WMCC has a policy requiring that any inmate who makes an allegation that she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and conducts administrative investigations.

115.73(a)(c)(d)(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

In the event that the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. All subsequent notifications shall be made when: Staff member on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs unless the inquiry or investigation is unfounded:

- (1) Staff perpetrator is no longer assigned to the housing unit.
- (2) Staff perpetrator is no longer employed at the institution or department.
- (3) The staff perpetrator has been indicted on a charge related to sexual abuse within the institution.
- (4) A disposition of charges exists related to sexual abuse within the institution.

Offender on offender allegations: following the completion of an inquiry or investigation, the offender shall be notified when the following occurs.

- (1) The offender has been indicted on a charge related to sexual abuse within the institution.
- (2) A disposition of charges exists related to sexual abuse within the institution.

The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and reported that this is part of policy. Auditor reviewed six notifications. Auditor also reviewed a closed case-tracking log. This log tracks when investigations were closed and when the offender was notified.

In the past 12 months, WMCC and investigators completed 67 criminal and/or administrative investigations of alleged inmate sexual abuse.

115.73(b) N/A WMCC is responsible for conducting administrative investigations and the Inspector General's Office has investigators

inside the facility to conduct criminal investigations of alleged sexual abuse and sexual harassment.

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.

WMCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. In the past 12 months, there has been two staff member disciplined under this policy.

115.76(a)(c)(d) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, “In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, “Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement.”

115.76(b) WMCC reports no staff has been terminated in the past twelve months following a substantiated investigation for sexual abuse. Auditor did review to letters of discipline to staff in 2016. These letters served as letters of “caution” and one staff was required to take PREA training again.

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.

WMCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, “Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations.”

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, “All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services...”

WMCC advised there have been no investigations or correction action taken against volunteers or contractors in the last 12 months in regards to PREA allegations..

Administrative staff stated that all contractors and volunteers are subject to the same polices as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility.

Standard 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 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.

At WMCC, inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action.

115.78(a)(b)(c)(d)(e)(f)(g) SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, “Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with

divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, “If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction.” This policy also defines sexual activity as “Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature.”

This policy also defines forcible sexual misconduct as “Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity.” It defines sexual misconduct as “Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others.”

WMCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact.

Auditor also reviewed an investigation on consensual sexual activity between inmates. This investigation occurred in December 2015 and was determined to be unfounded.

WMCC states that inmates are not punished for making a PREA allegation especially if it is made in good faith.

After visiting with mental health staff, it was reported they do not get the mental health referral until have an inmate is found guilty of sexual misconduct. They also advised there are no consequences if the inmate chooses not to participate in services.

116.78(c) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, “PREA mandates that the disciplinary process consider whether an offender’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

Standard 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 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.

Inmates housed at WMCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c)(d) SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, “If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. 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.”

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, “If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim’s enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Auditor reviewed a “PREA Log” for April 2016. Three referrals were made to mental health based on the inmate reporting prior sexual victimization. Mental health charting files on these incidents included the referral, the charting guide and the signed informed consent by the three inmates. Referrals were made in a timely fashion. Mental health made contact with the inmates within 48 hours of receiving the referral.

115.81(b) WMCC also provided copies of the Adult Risk Assessment Referral Log 2015- 2016. This log tracks mental health information obtained from the risk assessment. It also tracks the offender name, DOC number, date mental health was notified and the date they were seen.

115.81(e) Auditor reviewed a “PREA Log” for April 2016. Three referrals were made to mental health based on the inmate reporting prior sexual victimization. Mental health charting files on these incidents included the referral, the charting guide and the signed informed consent by the three inmates. Referrals were made in a timely fashion. Mental health made contact with the inmates within 48 hours of receiving the referral. In reviewing the PREA log for these cases, all were offered the services of an advocate.

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 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.

Inmate victims of sexual abuse at WMCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a)(b)(c) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 states, “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.

****SOP The offender will remain in the medical unit until the investigator has determined whether or not the offender needs to go on medical out count.

When a forensic out count is indicated:

- a. Health services staff members should contact the shift commander and the community emergency room to arrange transportation in accordance with institutional services procedures regarding offender transportation and specialized ambulatory care. The offender will be held in medical when possible until the arrival of the investigator. Through communication with the hospital, health services staff shall determine when the offender should arrive at the hospital to ensure prompt services. If the offender refuses a forensic exam, medical staff members will educate the offender on importance of forensic exams. If the offender continues to refuse a forensic exam, documentation of the refusal will be noted on the refusal of treatment - no show form.

****SOP A copy of the refusal is to be sent to the PREA site coordinator.

Any emergency treatment provided should be documented, in SOAP format, in the applicable department computer system. Health services staff members should interact with the alleged victim in a neutral and non-judgmental manner. Health services staff members should ask the alleged victim for details of the incident that are important for the provision of health services. The health services related documentation of the alleged assault should be released only to the CAO or designee and the institutional investigator. Alleged victims of offender sexual abuse that consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis should be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims shall be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. If initial disclosure of offender sexual abuse is made to health services staff members, notification should be made to the shift commander to initiate the coordinated response to offender sexual abuse in accordance with this procedure.

****SOP Health services staff are to also notify the PREA site coordinator. The reported perpetrator’s health record will be reviewed by the health services administrator or designee and referred to the physician for appropriate communicable disease diagnostic testing.

Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. If the allegation involves penetration and the offender is being out counted for a forensic exam and/or treatment, a QMHP will assess the victim within two hours of the offender returning to the facility. If the allegation involves penetration but the offender is not being out counted due to the amount of time that has elapsed since the time of the incident, a QMHP will assess the offender within two hours of receiving notification from the shift commander. If the allegation involves non-penetration, mental health staff members will receive a referral and screening note - health services from the shift commander and assessment will be offered within the next business day unless emergent events warrants a more immediate response by mental health staff members. During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services, the QMHP will have the victim sign the refusal of treatment/ no show form.

****SOP A copy of the refusal of treatment form will be forwarded to the PREA site coordinator to be placed in the PREA event file. If the offender requests an advocate, the QMHP will notify the site advocacy liaison.

****SOP A QMHP will notify the PREA site coordinator in writing or email when victim requests an advocate. PREA site coordinator will subsequently notify the investigative staff of victim's request for advocate. When the victim is out counted to MOSAIC Life Care for a SANE exam the hospital will contact the YWCA for advocacy services. When advocacy hours provided by the YWCA have been exhausted, the PREA site coordinator will notify the chaplain of the victim's request for an advocate. Institutional chaplain will meet with the victim and document the meeting, forward documentation to the PREA site coordinator to be placed in the PREA event file. If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 hours within a correctional facility or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services.”

WMCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
 - If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
 - Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

WMCC also provided copies of the “PREA Event Log 2016” and “PREA Log for Mental Health 20116 (January – September)”. The PREA Event log had three entries (April). This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals and referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned

Mental health staff state that services start as soon as they are made aware of the need. They also were able to articulate their first responder responsibilities if something were to happen inside the clinic.

115.82(d) Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided.

Standard 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 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.

WMCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate.

115.83(a)(b)(c)(d)(e)(f) SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, “Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.”

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They advise the forensic exams can be done on site if the SANE examiner from Corizon is available to travel to WMCC. They compared their services to what a citizen would find at a Level 5 Medical facility

115.83(g) Policy SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

115.83(h) Medical advised that known abusers were also referred to mental health.

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.

WMCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, “Each facility shall conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.

115.86(b) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director.”

115.86(c) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The review team for offender sexual abuse events shall include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigator, and medical or mental health practitioners, when applicable. A complete written report shall be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The written report will be prepared by the PREA site coordinator.

115.86(d) Auditor reviewed seven reviews of sexual abuse incidents that resulted from unsubstantiated dispositions. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations.

Administration stated that they use these reviews to their advantage to improve prevention of abuse. The Site Coordinator also reported that the review team will go into the facility and look at the location of the incident to get a better picture of the incident.

115.86(e) SOP D1-8.13 Offender Sexual Abuse and Harassment states, “The facility shall implement the recommendations for improvement, or shall document its reasons recommendations shall not be implemented. The completed report shall be stamped confidential and shall be submitted to the assistant division director with a copy to department’s PREA coordinator. The assistant division director shall forward the report to the division director. A copy of the report shall be filed in the institutional PREA event file for future audits.”

Of the seven incident reviews the auditor looked at, three resulted in no recommendations and four included recommendations.

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.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment states, “Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facility’s progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include a comparison with prior year’s data, corrective actions, and an assessment of the department’s progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.”

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov./OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A does not contract for the confinement of its inmates.

115.87(f) WMCC completes the SSV each year.

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.

115.88(a)(b)(c) SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
- (B) the deployment of video monitors, and
- (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March.

Agency Report: The PREA coordinator shall prepare an annual report compiling each facility’s current year’s data and corrective actions. The report shall include: (1) a comparison with prior year's data, (2) corrective actions, and (3) an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to WMCC.

Auditor reviewed the 2014 and 2015 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2014 and 2015 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov./OD/PREA/php>.

115.88(d) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Standard 115.89 Data storage, publication, and destruction

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

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

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) SOPD1-8.13 Offender Sexual Abuse and Harassment, page 28 states, “The department’s annual PREA report shall be made available to the public on the department’s internet website.”

Auditor reviewed the MDOC 2015 PREA Annual Report. This report contained information on the progress the department made in 2014 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov./OD/PREA/php>.

115.89(c) SOPD1-8.13 Offender Sexual Abuse and Harassment also states, “The COA or designee, PREA coordinator, and/or department director shall edit specific material from the reports when publication would present clear and specific threat to the safety and security of the facility. The CAO or designee, PREA coordinator, and/or department director shall indicate the nature of the material edited. The department’s annual PREA report shall be made available to the public on the department’s internet website.”

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section) , this information is retained for five years, and then it is destroyed.

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.

/s/ Elisabeth Copeland

January 23 2017

Auditor Signature

Date