

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Report**    November 22, 2017

### Auditor Information

<b>Name:</b> Alison Yancey	<b>Email:</b> ayancey@idoc.in.gov
<b>Company Name:</b> Click or tap here to enter text.	
<b>Mailing Address:</b> 9310 South State Road 67	<b>City, State, Zip:</b> Pendleton In 46064
<b>Telephone:</b> 765-778-3778	<b>Date of Facility Visit:</b> October 31, Nov. 1st and 2nd, 2017

### Agency Information

<b>Name of Agency:</b> Missouri Department of Correction		<b>Governing Authority or Parent Agency (If Applicable):</b> Missouri Department of Correction	
<b>Physical Address:</b> 2729 Plaza Drive P.O. Box 236		<b>City, State, Zip:</b> Jefferson City, MO 65102	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> 573-751-2389		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<b>Agency mission:</b> The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety.			
<b>Agency Website with PREA Information:</b> doc.MO.gov			

### Agency Chief Executive Officer

<b>Name:</b> Anne L. Precythe	<b>Title:</b> Director, Missouri Department of Corrections
<b>Email:</b> Anne.Precythe@doc.mo.gov	<b>Telephone:</b> 573-526-6607

### Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> PREA Coordinator for the State of Missouri
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<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573-522-3335		
<b>PREA Coordinator Reports to:</b> Office of Professional Standards	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0		
<b>Facility Information</b>			
<b>Name of Facility:</b>	Ozark Correctional Center		
<b>Physical Address:</b>	929 Honor Camp Lane Fordland, MO 65652		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	Click or tap here to enter text.		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	
<b>Facility Mission:</b> The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety.			
<b>Facility Website with PREA Information:</b> doc.mo.gov			
<b>Warden/Superintendent</b>			
<b>Name:</b> Brian O'Connell	<b>Title:</b> Warden		
<b>Email:</b> Brian.OConnell.doc.mo.gov	<b>Telephone:</b> (417) 767-4491		
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Marty Sirmons	<b>Title:</b> Deputy Warden		
<b>Email:</b> Marty.Sirmons@Doc.MO.Gov	<b>Telephone:</b> (417) 767-4491		
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Dortehea D. Wahl	<b>Title:</b> Health Services Administrator		
<b>Email:</b> dd.wahl@corizonhealth.com	<b>Telephone:</b> (417) 767-4491		
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 738	<b>Current Population of Facility:</b> 713		
<b>Number of inmates admitted to facility during the past 12 months</b>			691

<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>		684	
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		691	
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		None	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 0	<b>Adults:</b> 19 to 75	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		X NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		0	
<b>Average length of stay or time under supervision:</b>		13 months	
<b>Facility security level/inmate custody levels:</b>		1	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		234	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		17	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		2	

**Physical Plant**

<b>Number of Buildings:</b> 59	<b>Number of Single Cell Housing Units:</b> None
<b>Number of Multiple Occupancy Cell Housing Units:</b>	One Segregation unit with 8 cells. 4 cells are single cell and 4 cells are multiple occupancy
<b>Number of Open Bay/Dorm Housing Units:</b>	2 general population units with open bay no door units.
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	8 cells

**Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**

The OCC camera system has coverage as follows: Housing Unit I hallways and restrooms(positioned and blacked out to avoid nudity),Housing Unit II hallways and restrooms(also positioned to avoid nudity),Administrative Segregation hallways and each cell (toilet blacked out),Visiting, Laundry, Inmate property, Education building hallways, Education programs trailer behind the main education building, Drug treatment programs trailers 1 & 2,Canteen, Gym, Library, Chapel, Barber shop, Power house, Food Services & warehouse, Perimeter fence, Outdoor area behind SOD building/food services/recycling The central control room is at the entry building which has the lobby and airlock (sally port). OCC does not have a central monitoring post solely for the camera monitoring function. The control room has monitors that are observing the fence. There is an education officer who both patrols the buildings and observes the halls on camera at that post. The inmate property office has an assigned officer who patrols, assists with property accountability, and has monitoring capability in the visiting room/laundry/property. The unit sergeants conduct supervisory checks and can observe the cameras in their units. The Recreation Director can observe the gym cameras when he is in his office. The canteen manager can observe the canteen cameras. The food service manager and shift supervisors can view the food service area cameras. The administrative segregation officer (gender specific male) has continuous camera observation on the monitor in the control area. The Warden, Deputy Warden of Offender Management, Major, and Investigator can view all cameras on their computers. Data storage of at least 30 days is the design intent. Generally more days than that are stored.

**Medical**

<b>Type of Medical Facility:</b>	Corizon staffed with nursing 24 hours per day. No "in patient" beds in medical building.
<b>Forensic sexual assault medical exams are conducted at:</b>	Mercy Health Center, Springfield, MO or CORIZON SANE Nurse

**Other**

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	72 volunteers, 54 contractors
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	10 PREA Unit

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

A PREA Audit was conducted at the Ozark Correctional Center. The audit began on Tuesday October 31<sup>st</sup> and concluded on Thursday November 2<sup>nd</sup>, 2017. Assistance was received from Bryan Pearson. Mr. Pearson was present as we toured the facility. Mr. Pearson also interviewed several staff members and reviewed the documents for Human Resources, training records and classifications records to make sure the documentation was being completed as per the PREA policy. The audit began with a "meet and greet" of the Correctional Facility Executive Staff.

OCC has two general population housing units. The unit has a "hub-style" control area for staff and 4 wings off the control area. Each wing has no doors with dorm style living for offenders. There is one segregation building with 8 cells. Other buildings provide food service, health care, maintenance, storage and space for administrative offices. Programs include general library, law library, barbering, and Adult Basic Education and General Education development classes. The prison also has substance abuse treatment programs lasting one year to two years, psychotherapy and religious activities. Offenders are provided on site routine medical and dental care. Serious and emergency problems are treated via local community providers.

Six weeks in advance of the onsite audit, a flyer was sent to Ozark Correctional Center to announce to all offenders and staff that a PREA Audit would be conducted. Offenders were given my address to write me with their concerns. I did not receive any correspondence from any offender housed at Ozark Correctional Center. When I interviewed offenders on site, I did ask them if they had any problems that were not addressed and all the offenders stated "No". The offenders thought the facility was safe and if an offender did have a PREA related problem that staff would address the problem per PREA policy.

The facility sent me a PREA Audit pre-audit questionnaire that was completed for me to review. This is a standard questionnaire that is completed by all facilities that are preparing for a PREA audit. The questionnaire was designed by the U.S. Department of Justice. The facility also sent policy, procedure and other relevant documents to support their answers to show PREA compliance. I reviewed this material two weeks in advance of the onsite audit.

We began by touring the entire facility after our initial meeting with Executive Staff. When visiting the general population units, we noticed from the Control area we could see into the different wings down the aisles. We walked the different wings and looked into each bathroom area. Cameras were in all of these areas. Monitors were in the control area with views of the unit. Custody staff were also walking the different units supervising the offenders. We toured recreation areas, dining areas, the school area and the medical area. All of these areas had cameras so each area could be viewed by supervisory staff. There were Trailer type buildings that housed the Substance abuse program areas. All of these

areas were toured. Each building had either an office or control pod where cameras for the entire areas could be viewed. Each area toured had ample staff to supervise the offenders in their area. During the tour we observed camera placement, reviewed log books, spoke with staff and offenders as we toured the facility. Camera placement was appropriate. The facility was clean and the structure was sound. During the tour of the facility, I observed “Knock and Announce” procedures for female staff entering a unit were also being completed per policy. Also, the bathroom areas were “knock and Announce” since a staff person had to walk into the bathroom to supervise offenders and the area was not visible from the day area. I reviewed log books to see that supervisors were making unannounced rounds to the different housing units. Offenders were able to shower and dress in a covered area unexposed to staff view.

After the tour, we requested documentation from the following departments of the facility, Personnel, Training records, and Investigation files. Ten training records and personnel files were reviewed at random. I had the facility print out an alphabetical listing of all employees. I chose 5 newer employees, 3 employees with five years or less and two employees with over ten years of service to make sure that through the years all employees were being properly trained on all aspects of sexual abuse prevention. All ten of the files were complete and the employees had all received the appropriate training. All files did support the information already sent by the facility for examples of compliance.

Personnel records were reviewed by picking employees randomly from an alphabetical list. Records were reviewed to make sure the facility prohibited hiring or promoting anyone who may have had contact with offenders that had been convicted of engaging or attempting to engage in sexual activity in the community by force or implied threats of force or coercion. I also checked and none of the 10 employees had ever been engaged in sexual abuse in prison, jail, or juvenile facility. All personnel records reviewed had completed background checks that showed each employee was clear of any warrants or convictions of criminal activity.

The facility had only six allegations of a PREA event. We reviewed all six investigations. There was one allegations of offender on offender sexual abuse. That case was unsubstantiated. The 5 other cases were allegations of sexual harassment which were unsubstantiated. All of the investigations followed the PREA protocol as outlined by Missouri policy. The Office of Professional Standards conducts all criminal PREA investigations. The Office of Professional Standards reports to the Department Director. The sub-component conducting the investigation would be the Central PREA Unit or the Employee Conduct Unit. Zero of the PREA Investigations were criminal investigations. The investigations completed were administrative investigations only. All offenders were notified of the outcomes of the investigations. During 2016 and 2017 there had been no criminally sustained offender on offender events at this facility. Also during 2016 and 2017, there had been no criminally sustained staff on offender events at this facility.

Assessment and PREA education files were reviewed. All assessments were completed within 72 hours of arrival and reviewed again within the 30 days of arrival. The assessment tool was an objective screening instrument. The instrument was set up to screen each offender for the risk of victimization and abusiveness. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival. The educational material provided each offender the zero tolerance policy for sexual abuse and sexual harassment inside the facility. The offenders were

provided with information how to report an incident and what follow up to expect if they had to report an incident.

Thirty offenders were interviewed in a closed private office and the offenders answered questions regarding the PREA standards willingly and the facility's ability to follow all of the standards. Offenders had all been educated on the PREA Zero Tolerance policy, and the offenders knew how to seek help for sexual abuse or sexual harassment. Offenders were questioned using the DOJ official offender audit instrument. Offenders were selected randomly from an Alphabetical name listing of the offenders housed at the facility. Also, there was only one openly gay offender as known to the facility staff and he was interviewed. All offenders were forthcoming with information and felt staff would assist them if they reported sexual abuse or sexual harassment.

We interviewed twenty five staff from various shifts and departments. I selected staff at random using the following techniques: I looked at the custody rosters and the areas that the staff worked and I chose staff working in the different areas of the facility. I also chose staff that were on the 3 different shifts. We also interviewed all specialized staff including PREA Compliance manager, Warden, the designated staff member charged with monitoring retaliation, intake staff, staff person who performs the screening for risk of victimization and abusiveness, PREA Coordinator, 2 Volunteers, contract staff, staff person that supervised segregated housing, investigative staff, first responders, medical and mental health staff, human resource staff, training staff, and supervisory staff. Staff were questioned using the Department of Justice official staff audit instrument regarding their knowledge of the PREA policy and how to prevent sexual abuse in their facility. Staff had a good working knowledge of PREA information and how to report if there is an incident. Offenders interviewed also knew about PREA and how to report sexual abuse and/or sexual harassment.

On November 2nd, 2017, we again met with Executive staff. It was explained that the final audit results were pending. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment.

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## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Ozark Correctional Center is a minimum security drug treatment center with a population today of 723 offenders. Typically the offenders are court ordered to treatment for one year. Ozark has two open bay type general population housing units plus an eight cell segregation unit. Approximately 80 offenders participate in work release activities that employ them with the State Highway Department, Counties, and Cities. Drug treatment is provided by the Gateway Foundation which is an outside contractor. Twenty-four hour, seven day per week medical coverage is contracted through Corizon, Inc. Mental health services are also provided by Corizon, Inc

Some of the programs available to the offenders are as follows: Mental health offers anger management to offenders to learn coping mechanisms to deal with anger issues. There is also an "Impact of Crime on Victims Class". Offenders learn to understand exactly how their actions have harmed victims. Without empathy for the people they have hurt and remorse for their actions, offenders are likely to repeat their victimizing behavior. Inside Out Dads is another program offenders can participate in. Dads examine their mistakes and learn tools to give them a second chance to become an involved parent. Offenders also have access to education. Any offender under the age of 65 must be enrolled in school if they do not possess a high school diploma or equivalency. Alcoholic Anonymous, Restorative Justice, Employability Skills, and Pathway to a Change are other programs offered to the offenders.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

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**Number of Standards Met:** 44

Click or tap here to enter text.

**Number of Standards Not Met:** 0

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### Summary of Corrective Action (if any)

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# PREVENTION PLANNING



## Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

### All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC provided the agency policy D1-8.13 Offender Sexual Abuse and Harassment that contains the zero tolerance policy and approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency policy was comprehensive, provided a clear zero tolerance policy and addressed the PREA standards. The facility provided the Ozark Correctional Center Coordinated Response to Sexual Abuse. This is the facility's plan for a coordinated response to sexual abuse. The agency organization chart was provided that designates a PREA coordinator. The OCC provided a facility organization chart that designated a Deputy Warden as the PREA Compliance Manager for the facility. A list of Compliance Managers for every agency facility was provided demonstrating that all facilities have a Compliance Manager. The facility PREA Compliance Manager indicated during his interview that he has the time and authority to ensure the facility is complying with the PREA standards and agency policy. The agency PREA Coordinator stated during her interview that she has the time and authority to manage PREA compliance for the agency and OCC. She reported having 29 compliance managers which she communicates with regularly. Random interviews with staff and offenders revealed that all were aware of the zero tolerance policy and the required response.

Based on the evidence reviewed the facility and agency have demonstrated substantial compliance with this standard.

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment requires “all community confinement facilities to adopt and comply with the PREA standards as outlined in their contract with the department. The COA or designee will regularly audit community confinement facilities to ensure compliance with the PREA standards.” The Agency provided 4 contracts ~~with~~for community confinement facilities that were ~~renewed signed~~ during 2017. All 4 contracts that were reviewed and found to require compliance with the PREA standards, 9 specific provisions related to specific PREA standards and completion of a PREA audit. Monitoring was documented on an ~~completed~~ audit tool for each facility that has a PREA section with 10 elements specific to PREA standards compliance. A monitoring report for each facility was provided and reviewed. A memo was provided by the PREA Compliance Manager that indicated Ozark Correctional Center does not contract for confinement of offenders directly. An interview with the PREA compliance manager affirmed that only the agency can contract for confinement. -

Based on the evidence reviewed the facility and agency have demonstrated substantial compliance with this standard.

## Standard 115.13: Supervision and monitoring

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and

determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
Yes  No  NA

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 6, states "the department will maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse." The policy also requires the facility to comply with the staffing plan and document deviations and justifications for the deviation. Documentation was provided of a post analysis that was

completed by the MoDOC in 2009 for every facility, including the Ozark Correctional Center. This analysis created a Correction Officer staffing pattern with minimum staffing levels. The ratio of one officer to six offenders was used. Relief factors for each post were based on the National Institute of Corrections suggested methods. The staffing plan is documented in the Custody Staffing Roster and the Facility Organization Chart listing all non-custody positions which the facility provided to auditors. A memorandum from the OCC PREA Compliance Manager indicated there are no judicial findings of staffing inadequacy from federal agencies or during internal or external oversight reviews during 2016 and 2017. The OCC provided the facility's a-PREA Annual Report for 2016 that included a review of video monitoring technology deployment, the use of facility resources to comply with the staffing plan and the staffing level for the facility as it relates to the safe monitoring of offenders. This annual report is sent to the MoDOC PREA Coordinator for review. The PREA Coordinator explained during an interview that she reviews the facility annual reports and discusses any staffing issues with the Division Director During an interview, the OCC PREA Compliance Manager explained how the Warden has a meeting every morning. Staffing is discussed during those meetings each week in addition to an annual review of staffing. Based on interviews with the Warden and PREA Compliance Manager/Deputy Warden this auditor concluded that the staffing plan is reviewed or monitored weekly and in an official review at the end of the year annually. -The OCC reported no deviations from the staffing plan during the last year in a memorandum from the PREA Compliance Manager. This was also verified in interviews with the Warden, PREA Compliance Manager and Custody Supervisor. The staffing plan is maintained by paid overtime to cover all posts required by the staffing plan.

Policy D1-8.13 also requires supervisory staff to conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Examples of housing unit log entries documenting unannounced rounds by supervisors on each shift were provided prior to the on-site tour. During the on-site tour these logs were checked in every housing unit by auditors. All were found to contain documented rounds by supervisors on every shift in compliance. Interviews with staff indicated that supervisors make these unannounced rounds and that staff do not notify other staff the rounds are occurring. Two Sergeant Interviews and interviews with offenders indicated rounds are being made by supervisors in the housing units as well. Post orders for the Lieutenant and Shift Supervisor required supervisors to make unannounced rounds on every shift and document such in the supervisor sign-in log. The housing unit officers document supervisor rounds in the housing unit log book as well. These were checked by auditors and found to document supervisors making rounds on every shift consistently. The Deputy Warden and Custody Supervisor were interviewed and stated they make unannounced rounds in the housing units weekly.

Based on the evidence reviewed the facility has demonstrated substantial compliance with this standard.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

OCC does not house youthful offenders. This standard is not applicable.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
X Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes  No X NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes  No X NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No X NA

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? X Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X Yes  No

#### 115.15 (f)



- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 12, prohibits cross gender strip searches except in exigent circumstances. A memo was provided by the facility compliance manager that indicates there were no cross gender strip searches therefore there were no logs of cross gender strip searches. MoDOC policy does not allow body cavity searches to be conducted. OCC does not have female offenders therefore there are no pat-down searches of female offenders at this facility. D1-8.13 also states all offenders will be allowed to shower, perform bodily functions and change clothing without non-medical staff members of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when incidental to routine cell checks. No cross gender viewing issues were found during the tour of housing units or offender bathroom of OCC. Shower curtains were used in showers and toilet stalls to provide modesty. Facility Rules outlined in the offender handbook prohibit the offenders from getting completely undressed unless they are in the shower with the curtain drawn. Offenders stated they were aware of this rule in interviews. There are cameras present in the Housing Unit HU1 and 2 bathrooms by the sinks. Even though the offenders are not allowed to undress until in the shower, the facility provided movable privacy screens to block the view of their lower body by the camera while standing in front of the shower. This was verified by viewing the video monitor with those camera views on. Policy D1-8.13 requires an announcement to be made when opposite gender staff enter a housing unit. Announcements were made for the female auditor entering housing units ~~This was observed~~ during the tour, and also verified through staff and offender interviews ~~Staff and offenders stated~~ during interviews they hear announcements being made when female staff enter a housing unit. The announcements are required to be logged in the housing unit log book. Announcements were found in housing unit log books that ~~These~~ were checked on the tour and examples were provided to the auditors. Policy D1-8.13 also prohibits staff from searching transgender offenders to determine their genital status. Staff receive training on searching transgender offenders in the least intrusive and professional manner. This was found in the search training

curriculum that was reviewed. Training records were provided that show staff completed search training that included how to search LGBTI offenders in a professional and least intrusive manner. Staff interviews indicated that staff have received this training as well. Interviews with offenders concluded that offenders are able to shower without cross gender viewing, female staff knock and announce before entering a unit or bathroom.

Based on observations and evidence reviewed the facility has demonstrated substantial compliance with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities X Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy D1 8.13 Offender Sexual Abuse and Harassment provides that the Agency has policy and procedure in place to provide disabled offenders the right and opportunity to benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and harassment. OCC provides PREA education materials in several different languages. Information on how to make a report is posted in English and Spanish throughout the facility. The PREA informational postings were seen while this auditor was touring the facility. The Agency provided a contract for interpretive services. OCC has an account established to access that service. Documentation was provided that shows their PIN number for the facility account with the interpretive service. All random staff interviewed knew that the facility had access to an interpretive service if needed. The facility Compliance Manager reported there were no LEP offenders present at OCC to interview during the audit. An interview with the staff responsible for PREA education indicated the materials are being read to all offenders to accommodate those that cannot read. Classification information identifies offenders that have disabilities or low literacy levels. These offenders are provided the information in a one on one meeting to ensure they receive and understand the information. A Braille version is available for offenders that are visually impaired. If accommodations are provided to an offender, it is documented in the offender's Case Notes. Inmate interpreters are not used. The offenders interviewed all understood the agencies' zero tolerance policy for sexual abuse and sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? X Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? X Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? X Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? X Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? X Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? X Yes  No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D2.2.2 Background Investigation and Policy D1- 8.13 Offender Sexual Abuse and Harassment support all the requirements of this standard. Policy also reviewed for this standard was D2 2.8 Promotional Appointment, D2 13.1 Volunteers, and D2 13.2 Student Interns. Interviews with random staff also confirmed this policy was followed. All of these policies state that any potential employee, volunteer, contractor or intern cannot have any incidents of sexual harassment or a criminal record for sexual abuse. OCC provided examples of criminal background checks on new employees and current employees. Employee applications have questions that cover element (a) of this standard that are asked of every applicant. The screening application is sent through the Missouri Uniform Law Enforcement system and the National Crime Information Center System. The Warden reviews every application packet to ensure the PREA employment background check and criminal background check have been completed and signs a state form indicating all checks have been completed and approved for hiring. The OCC had 7 new employees in the last 12 months. I was shown documentation that all 7 had been screened and approved by the Warden. Several staff files were reviewed to

assure compliance. Ten random staff files were checked and the Human Resource Department was found to be completing the correct screening process as written by this standard. The Screening process was correct and all potential staff had a background check completed and were clear of any sexual abuse or harassment. Once hired or able to enter the facility, all employees, contractors, volunteers, and interns have a criminal background check completed annually. If an employee is found to have a sexual offense against them, the staff will be subject to discipline up to and including termination. Promotions and transfers also seek to determine if any incidents of sexual harassment have occurred before promoting or accepting a transfer of staff from another facility The Agency requires a criminal background record check for all promotions and transfers. Interviews with the Human Resource staff and the PREA coordinator confirm that all of the hiring and promotion policies were being followed as pertains to this standard.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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The OCC Warden and PREA Compliance Manager reported there had been no new construction in the past year. There have been upgrades to video surveillance to help improve monitoring of offenders. These cameras were observed during the facility tour and the newly added cameras eliminated previous blind spots. The cameras in the segregation cells were upgraded to digital cameras allowing for the toilet areas to be blocked out from view by opposite gender staff without compromising the safety and security of the offender. This was observed on the video monitor during the facility tour as well. The Agency Head Designee was interviewed and stated that cameras are being pushed out to all facilities because they are an important part of the sexual abuse prevention plan.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
X Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No X NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National



Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1.8.8 Evidence Collection, Accountability and Disposal and Policy D1.813 Offender Sexual Abuse and Harassment provide for evidence protocol based on a uniform evidence protocol. The facility has one trained investigator to conduct all administrative investigations. I interviewed the investigator and he was quite knowledgeable and had years of experience in the investigative field. The investigator knew the protocol for the investigation process. The investigator was trained on evidence collection and crime scene preservation. The agency has 10 trained investigators trained to investigate criminal PREA incidents and supervised by the State PREA Coordinator. All investigators for the state of Missouri receive specialized training for the investigations of a PREA incident. The facility has access to regional nurses contracted by Corizon that are trained and certified SANE nurses. All examinations normally would occur at the facility by a SANE nurse. If a SANE nurse is not available, the offender would be transferred to Mercy Hospital in Springfield. The facility utilizes nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations and is appropriate for youth. The facility offers all offenders a forensic medical examination for a sexual assault without financial cost to the offender. The Agency has several MOU's with community groups. These groups provide advocacy to victims of sexual assault. One of the MOU's is with the Webster County Victim Assistance Program to provide

each victim with an advocate. The facility has also trained their chaplains to be victim advocates as a backup if community advocates are not available. A monthly schedule is published so a chaplain is “on call” on the weekends, holidays and off business hours. If the offender requests an advocate to provide emotional support while being examined, one is provided for the offender as written in the offender sexual abuse policy. There were zero examinations performed in the last year. Mr. Pearson interviewed a medical staff and they stated that only SANE nurses would be used if a forensic examination were needed.

... Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

## 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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D1 8.1 Investigations and D1 8.4 Administrative Inquiries provide policy that covers the requirements of this standard. The facility ensured that an administrative/criminal investigation was completed for each allegation of sexual abuse or sexual harassment. This was verified through interviews with staff and offenders. I also reviewed the six PREA allegations that were investigated and the incidents were unsubstantiated. I reviewed all six files and investigations were completed per policy. Zero allegations were referred to prosecution. OCC has not had any substantiated sexual abuse cases in the last year. All six investigations were handled according to the facility plan. Investigations were requested and approved by the Warden. Investigations appeared to be thorough and well documented. The Inspector General had previously investigated all criminal investigations up to June 1<sup>st</sup>, 2017. After June 1<sup>st</sup>, all PREA allegations of sexual abuse are now processed by the 10 special investigators under the supervision of the PREA Coordinator for the state of Missouri. The facility investigator still processes the administrative investigations. I interviewed several offenders that stated the facility is responsive when reports of PREA have been made. I also interviewed staff that stated the policy was that all allegations would be reported to the investigator and a case would be opened. All documentation reviewed supported the information that I was provided. The offenders feel safe that the administration will investigate immediately and will protect all offenders. Policy D1 8.13 Offender Sexual Abuse and Harassment is posted on the Agency Website for information regarding the referral of allegations for criminal investigations for the public. The agency documents all referrals of allegations of sexual abuse or sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment X Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? X Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? X Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? X Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, those employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The PREA training curriculum was provided and reviewed. All 10 required subjects in this standard were covered. Training records were reviewed during the on-site audit. Prior to the onsite audit, OCC provided the PREA training acknowledgement forms for 12 staff that completed the PREA training in 2014 and 2016 demonstrating training is being completed every 2 years. 10 random staff training records were reviewed. All staff had completed the PREA training as required. All training was documented with the person receiving the training signing an acknowledgment that they understood the training. During the year between refresher training, staff are provided information on updates to the PREA policy or changes in the response plan. Several examples were provided that demonstrate these updates were being provided to staff at OCC. While it was in policy to train employees that were reassigned from female facilities, no such transfers had taken place. All interviews with OCC employees indicated they had received the training and knew how to prevent, detect and respond to sexual abuse or harassment

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Prior to the onsite audit, OCC provided PREA training acknowledgement forms for 15 volunteers and 9 contractors that were completed in 2017. 30 work release crew supervisor records were reviewed during the onsite audit. All staff had completed the PREA training during 2017. 12 random volunteer files were reviewed onsite. All volunteers had completed the PREA training. The training curriculum for

volunteers and contractors was provided and reviewed. The curriculum provided information on zero tolerance policy and what the contractor/volunteer response is for a report of sexual abuse or harassment. A volunteer was at the facility and available for interview during the onsite audit. The volunteer was able to explain the zero tolerance policy and describe his responsibility if an offender were to report sexual abuse to him while he supervised him. 2 contract staff were interviewed and were also able to describe the zero tolerance policy and their responsibilities when an offender makes a report to them.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

#### 115.33 (d)



- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? X Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? X Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Prior to the onsite audit, OCC provided 34 examples of Offender PREA education completion acknowledgement~~offenders completing the PREA education~~ showing they completed the education the day after their arrival. ~~I selected 10 random offender files~~ were selected for review of offender education documents on the tour. It was found~~and found that all the 10~~ offenders had received the key

information and all 10 had completed signature pages stating that they understood the policy and how to report if they had a problem. The staff person that provides offender education was interviewed. He stated that On the second day of the offender's arrival, the offender's are provided with comprehensive material to explain all of their rights to be free from sexual abuse and sexual harassment, how to make reports of sexual abuse or sexual harassment. The PRC video is part of this education. It was observed by auditors that All Offender PREA education materials are provided in both English and Spanish. Some materials are also provided in Chinese, Serbo Croation, Vietnamese, and Russian. There is also a Braille version. The materials provide offenders with information on the MoDOC zero tolerance policy, their rights to be free from sexual abuse and how to report sexual abuse. Information was observed is posted throughout the facility during the tour and is clearly visible to the offenders as well. Interviews were held with 30 offenders. All the offenders stated that they were handed brochures and given a short information session as soon as they came into the facility. The offenders stated the next day they were given more information about the Zero Tolerance Policy. When questioned, the offenders knew that there were posters all around the facility with telephone numbers and other ways to remind them to report if needed.

~~I selected 10 random offender files and found that all the offenders had received the key information and all 10 had completed signature pages stating that they understood the policy and how to report if they had a problem.~~

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.34: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes  No  NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a). ]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility provided the curriculum for Investigating Offender Sexual Abuse in confinement Settings. This curriculum was reviewed and found to cover all of the elements of substandard (b). Documentation was provided that shows all Agency investigators assigned to the PREA division completing the specialized training in 2013 and 2014. The Investigator assigned to OCC completed his training in October 2013. An interview with the investigator was held and the investigator knew the critical elements as received in his training. Prior to June 2017, investigations for sexual incidents were conducted by the AG's office. All sexual abuse incidents are now investigated by one of the ten PREA investigators supervised by the PREA Coordinator of the State of Missouri.

...

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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OCC provided documentation of medical mental health staff completing both the specialized medical training and general PREA training that all staff working at the facility had received. Both curriculums were provided and covered all topics required by this standard. The lesson plan reviewed supported the zero-tolerance policy practices. Examples of training show that all medical and mental health staff received specialized training for PREA education. Training logs were provided to show which staff had been trained. The medical director and a mental health staff were interviewed. It was clear that both had received this training based on the results of the interview.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
X Yes  No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
X Yes  No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) whether the inmate has a mental, physical, or developmental disability? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) the age of the inmate? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) the physical build of the inmate? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No X
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No X
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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OCC provided the MoDOC risk screening instrument for review. It was reviewed and found to be based on all required factors for risk of sexual victimization or sexual abusiveness required by the standard. Policy D 1-8.13 Offender Sexual Abuse and Harassment, page 9, requires all offenders to be assessed within 72 hours of arrival and reassessed within 30 days of arrivals at the facility as well as when warranted due to a referral, new information or incident of sexual abuse. The facility could not provide an example of a new assessment triggered by a substantiated investigation because the facility reported they had no substantiated sexual abuse investigations. Policy D1-8.13 also says that offenders cannot be ~~inmates are not~~ disciplined for refusing to answer questions used to gather information for ~~regarding~~ the risk assessment. Information gathered for the risk assessment is confidential and limited to staff that need to know. A report from the MoDOC offender data base shows all offenders received at OCC from 8/1/16 to 6/30/17 received a 72 hour assessment and only 10 out of 684 offenders at the facility for more than 30 days had a reassessment beyond 30 days of arrival. However, a All offenders that were at OCC for more than 30 days received a reassessment. This demonstrates substantial compliance with the standard. 20 offender risk assessment ~~records~~ were reviewed at the onsite audit. All 20 records had a risk assessment completed within 72 hours and a reassessment completed within 30 days. When interviewing the offenders, 28 out of 30 remembered the assessment process.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report



#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13, page 9, requires the risk assessment conducted during intake and upon transfer to be used to determine, on an individual basis, the assignment of an offender's housing, cell, program and work assignment with the goal of keeping offenders identified at high risk of victimization separate from those identified as high risk of being sexually abusive. The OCC uses information obtained from the risk assessment to determine where to house offenders and to place offenders in program assignments on an individual basis. The facility provided examples of the Alpha Kappa Sigma tracking report from the Offender Management Information System. The Alpha is at risk of victimization. The Kappa is at risk of being sexually abusive. A Sigma designation means the offender is not a risk for either. This report provides the housing location and risk assessment designation for each offender. This information is considered when assigning offenders to programs and work assignments. The staff that is responsible for reviewing all offender housing assignments was interviewed by an auditor. He stated that he reviews the risk assessment designation for every offender prior to placing them in a housing assignment upon arrival or moving the offender to a new assignment within the facility after arrival.

Documentation was provided that shows the offenders identified as at risk of victimization are not housed in the same wing of a housing unit with offenders that are identified as at risk of abusiveness. A roster for all maintenance positions outside of the facility was provided that shows no offenders being assigned that are at risk for victimization or abusiveness due to the type of assignment and type of supervision that can be provided at their work sites. Only Kappa's are assigned to the outside work assignments. Policy IS5-3.1 Offender Housing Assignments requires a transgender committee to review a transgender or intersex offender's housing assignment based on the required factors in the standard. Placement may not be based only on the offender's genital status. A transgender or intersex offender's assignment will be reviewed every 6 months by the committee. A memo from the PREA compliance Manager stated t~~t~~The OCC currently had no transgender or intersex offenders and reports they have not had a transgender offender since the last audit. All showers are individual stalls and allow for privacy. During interviews, staff indicated they would allow a transgender or intersex offender to shower at separate times if they felt uncomfortable showering at the same time as other offenders.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing 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?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 requires the shift commander to house an offender that is deemed at high risk for sexual victimization in the least restrictive housing that will ensure safety. If temporary segregated housing assignment is used, the shift commander is to document why no other alternative housing was available. The assignment will not go over 30 days and if it were to happen, a hearing would be held and a report sent to the Warden detailing the reasons for the continued use of segregation. A review is held every 30 days until the offender is released from segregation. IS21-1.1 Temporary Administrative Segregation Confinement states that all offenders will retain their ability to access education no matter the reason for being placed in segregation. Offenders will also have access to programming and work if possible. If any of the activities are restricted, a report will be sent to the Warden. A memo from the PREA Compliance Manager was provided that states no involuntary segregation assignments for PREA occurred in that last year therefore there was no documentation of segregation to review. Interviews with the Warden and the PREA compliance manager support this standard. .

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 "Reporting Sexual Abuse or Harassment" states that OCC offenders are provided with multiple ways to report sexual abuse or sexual harassment. Offenders may report to any staff member,

call a PREA hotline, put an anonymous written report in the counselor's mailbox on the unit, write to the Missouri Department of Public Safety Crime Victim Services Unit, or third party reports by family can be made through the hotline or email on the MoDOC website to the PREA Coordinator. Per policy D1-8.9 "Crime Tips and PREA Hotlines" P 5, staff may make a private report by calling the CLEAR line. The CLEAR line connects directly to the Attorney General's office. The AG's office would then immediately report to the Warden of the facility for investigation of the allegation. Information about the CLEAR line is made available around the facility for staff to see. Documentation of allegations were reviewed and procedures were followed as the policy stated which supported this standard. During random staff interviews, staff all knew how offenders could make a report and how they could make a report privately. All offenders interviewed at this facility knew how to report and that there were different ways to report a PREA incident. Most of the offenders stated that they would just tell staff. Other offenders stated that they would report the incident via telephone. During the tour of the facility posters were observed throughout the housing units and program areas that instructed offenders on how to make a report of sexual abuse or sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) X Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) X Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) X Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) X Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) X Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) X Yes  No  NA



- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) X Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) X Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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OCC provided policy D1-8.13 Offender sexual abuse and Harassment and policy D5-3.2 Offender Grievance for review. The facility permits offenders to submit a grievance regarding an allegation of sexual abuse without any time limits. The offenders are not required to use a formal request. I interviewed offenders and offenders stated that they could tell any staff member at any time. When asked if they could write a grievance, the offenders said "Oh sure". They also said that the grievance would be given to the Warden for review. Per the policy D1-8.13, the facility will make sure if an offender writes a grievance against a staff member for a PREA allegation, the grievance paperwork will

not be given to said staff member for an answer. Also per the policy, a final decision will be rendered on any part of the merits of the grievance within 90 days. If the facility needs an extension of time to make a decision, the facility will notify the offender in writing and the time will not extend past 70 days. If at any level of the process, the offender does not receive an answer within the time frames, the offender can consider this non response as a denial and file an appeal if the offender chooses. All third party grievances will be reviewed by staff at the facility. Third parties are allowed to file a grievance on behalf of an offender. If the offender does not want the grievance pursued, the facility staff will document the offender's decision. Policy D5 3.2 allows for the filing of an emergency grievance if an offender is subject to a risk of imminent sexual abuse. The procedures in the policy allow the offender to file an informal grievance to any staff member, that staff member takes the grievance immediately to the Chief Administrative Officer for investigation or inquiry. The CAO will then provide an initial response within 48 hours and the final determination will be within 5 days. Both the initial and the final report document whether or not the offender was at imminent risk and what action was taken. All elements of the standard are complied with in these policies. A memo from the OCC Compliance Manager stated the facility has not received a grievance in 2016 and 2017 for sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Offender Sexual Abuse and Harassment requires each facility to offer victim advocate services to victims of sexual abuse. The policy requires each facility to attempt to enter into an MOU with a rape crisis center or provide services through a qualified staff member. During the facility tour ~~this~~ auditors observed posters throughout the housing units with Just Detention International and the Rape, Abuse and Incest National Network (RAINN) contact information clearly displayed. Offenders are informed on the poster that communications are subject to monitoring. The facility also uses Webster County Victim Assistance Program for victim advocate services at a forensic exam if one is conducted at Mercy Hospital in Springfield. This is arranged through an MOU between OCC and WCVAP which was provided. –OCC also has a Chaplain that is trained as a victim advocate and is considered a qualified staff member to provide victim advocate services. —The training was provided by the Missouri Coalition Against Domestic Violence and Sexual Assault (MCADSV) through a training agreement with MoDOC. A copy of the agreement was provided and reviewed. In the agreement MCADSV would provide a one day training covering the nature and dynamics of sexual violence; best practices regarding sexual assault response and advocacy; and forensic exams. A copy of the curriculum was provided and reviewed. The curriculum is comprehensive and covers the role of the victim advocate, survivor responses, communication with the survivor, and the forensic exam process. The training record for the Chaplain documents his completion of the victim advocate training. The OCC PREA Compliance Manager provided a memo stating that there have been no forensic exams or reports of sexual abuse during the last 12 months. There was one report of sexual abuse that was unsubstantiated. It was documented in the investigation report that the offender was offered a victim advocate and refused. Therefore, there was no use of a victim advocate from the Webster County Victim Assistance Program or by the Chaplain during a forensic exam. This was also confirmed during the interview with the PREA Compliance Manager. Interviews with offenders also confirmed that the

offenders knew about the advocate groups and that they could use their services if needed for an event of sexual abuse....

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The MoDOC provides a phone number, mailing address and email address for third party reports of sexual abuse or sexual harassment to be made on the MoDOC website. The website provided the information needed to the public for the process to file a complaint. This auditor checked the website and found the third party information on the PREA webpage. An email was sent to the published email address on the website for third party reports by an auditor to test the response time. The response was received the same day. On the tour, we saw posters in the visiting room where offender family and friends could view the information when visiting the offender. Staff interviewed knew about this policy and understood the process.

Based on the evidence reviewed the facility has demonstrated substantial compliance with this standard.

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
  - Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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Policy D1 8.13 Offender Sexual Abuse and Harassment requires all staff to report as required by this standard. 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. Random staff interviewed were all aware of this confidentiality notice. Policy stated that all health services staff members would be required to report sexual abuse and they had to inform the offender of the practitioner’s duty to report prior to the initiation of services. Offenders under the age of 18 are not housed at this facility. Per D1 8.13, all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, would be immediately forwarded to the shift supervisor to initiate the “Coordinated Response Manual” utilizing the applicable PREA allegation notification penetration/non-penetration event checklist which includes reporting to the designated investigators. “Coordinated Response Manual” for the facility gave step by step procedures for supervisor staff to follow for every type of PREA allegation as to the reporting and documenting of information. The shift commander that I interviewed showed me the response manual and stated he would use the manual if needed. Interviews with staff and offenders all knew that staff had to report and offenders stated that they knew that if they reported a PREA incident to staff, it will be investigated. Policy also stated that the offenders would be monitored to make sure there was no retaliation for reporting. Offenders interviewed all knew the level of confidentiality when reporting. Offenders interviewed all stated that “staff take this PREA policy serious”.

...  
Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.62 (a)**

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment states the facility will take immediate action when an offender reports any sexual incident. Interviews with staff and offenders reported that this was the case to meet this standard. In the last 12 months, there were zero times reported that an offender was at risk for imminent sexual abuse. All the staff I interviewed stated that if an offender reported any type of abuse their first priority would be protect the offender from any imminent sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment when there is a report that an offender was sexually abused at another facility, the staff will complete a PREA Allegation Checklist Notification. All notifications will be within the 72 hour timeframe. Interviews with both the Warden and the PREA Coordinator answered the questions that notifications would be made within 72 hours. There have been zero reported allegations in the last year so, there was no documentation available for this standard. Interviews with offenders also confirmed that the facility would abide by the policy regarding the reporting timeframe.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

### Standard 115.64: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No



- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment provide the policy requirements for this standard. A Coordinated Response policy outlines step by step the procedure for each type of reported sexual allegation. The policy states that the alleged victim will be separated from the abuser, the first responder will preserve and protect the crime scene until the investigation team can collect any of the evidence. Policy also states that the first responder will ask the offender not to destroy evidence by washing, brushing his teeth, changing clothes, urinating, defecating, smoking, drinking or eating if within the timeframe allowable for the collection of evidence. When interviewing staff, all knew the responses for the first responder duties. The Coordinated Response for the facility outlines the specific procedures as laid out in this standard. The Coordinated Response follows all protocols set in this standard. The

plan follows the standards and breaks each action step by step depending on the type of report whether it is a sexual abuse report or sexual harassment report. I did review the Coordinated Response plan and it does follow PREA protocol as outlined in the standards for first responder duties. The non custody staff have the same responsibilities to preserve evidence as the custody personnel. I interviewed staff about how they would respond to a report of sexual abuse and the staff knew exactly the steps to take to keep the offender safe, preserve evidence and get the offender to medical treatment. The staff at the facility are provided with a PREA card to carry for reference that outlines the step by step procedure to process a report of sexual abuse or harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment the Coordinated Response was developed to meet this standard. Staff are trained to respond in protection of the offender, preserve evidence and protect the crime scene. Medical has been trained in response to sexual assault protocol. Interviews were conducted and the staff knew the Coordinated Response procedures. Medical and mental health staff interviewed knew the protocol for this standard. Random staff interviewed all carried cards which contained the step by step process to follow the institutional plan. I reviewed the facility plan and indeed it is developed to coordinated actions among in response to an incident of sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Per policy D2 11.6 Labor Organizations the agency will not enter into or renew any collective bargaining agreements or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation. This policy was reviewed. I interviewed the Warden who stated this policy would be followed. There was not an incident of an alleged staff sexual abuser in the last year.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment, the prevention and monitoring of possible threat of retaliation is provided. Offenders that report sexual incidents are monitored for at least 90 days following the reporting of an incident to document that an offender is not being retaliated against. I interviewed case manager staff and the staff told me that they were responsible to speak with the offenders when there was a reported PREA incident. The facility has multiple protection measures including unit changes or facility transfers for victims or abusers, removal of alleged and emotional support services provided by mental health, chaplain or as stated in the MOU for victim's services. The case manager staff monitor housing changes, program changes and any negative reviews about the offender to protect against retaliation from staff. The Deputy Warden (PREA Coordinator) monitors all PREA incidents and tracks when the offenders are seen and who does the follow up with the offender. Both the staff and the offender sign a form that is placed in the offender's packet at the end of the 90 days with a signature from the offender to show that the offender is not being retaliated against. The reviews are initially done after the incident, at 30 day, 60 day and finally 90 day. If there have been no issues, then the monitoring ends after 90 days. Interviews were conducted with the offenders and confirmed this policy is followed. Completed incident monitoring forms were provided showing that the monitoring was being completed. 6 investigative files were reviewed for retaliation monitoring being conducted by facility staff per the policy. There have been zero times reported that retaliation has occurred in the last 12 months. The PREA coordinator also ensures that there is no retaliation against staff reports by reviewing staff assignments and any negative performance reviews on staff that would have reported a PREA allegation.

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Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No



### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.1 Investigative Unit Responsibilities and D-1 8.4 Administrative Inquiries provide the policy for this standard. The facility has a policy in regards to criminal and administrative investigations. The agency conducts its own investigations into allegations of sexual abuse and sexual harassment and does it promptly, thoroughly and objectively based on best investigative practices. The facility investigators investigate all administrative allegations including third party and anonymous reports. The Attorney General's office had been completing the criminal investigations until June of 2017. 10 trained PREA investigators working for the Agency PREA Coordinator now conduct the investigations for the state. All agency investigators have received specialized training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and electronic monitoring data. Investigators interview all alleged victims, suspected abusers and all witnesses. Investigators also review any previous reports or allegations of sexual abuse involving the perpetrator. Substantiated allegations of sexual abuse are referred to criminal prosecution. The credibility of the alleged victim is based on an individual basis not whether the victim is incarcerated. When the investigation is completed a report documenting a description of evidence, interviews and the reasoning behind the credibility assessments and facts are documented and a report is written. All investigations are completed even though the alleged abuser or victim may have left employment or is no longer incarcerated. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. Six investigation files were inspected. All cases were completed following the protocol for compliance with these standards. I interviewed the Warden and he stated that all substantiated sexual abuse cases would be referred to the prosecutor per policy. There were no substantiated criminal cases in the last year. Zero cases were referred for prosecution.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy D1 8.1 Investigative Unit Responsibilities provides policy and procedure for criminal and administrative agency investigations. The policy states that substantiated allegations that appear to be criminal will be referred to the prosecutor. The facility has not had any substantiated allegations in the last year. There were only 6 allegations made in the last year. A total of 6 investigations were reviewed for PREA compliance while at the facility. All investigations were thorough and well documented. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. D1 8.1 Investigative Unit Responsibilities policy also states that the evidence standard for administrative investigations is preponderance of the evidence. After reviewing the 6 investigative files, the preponderance of the evidence was the standard used to identify whether or not a report was substantiated. After interviewing the investigator and the PREA Compliance Manager, their statements also supported that preponderance of the evidence would support a substantiated investigation.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? X Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? X Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? X Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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

Policy D1- 8.13 Sexual Abuse and Harassment provides that the agency is required to inform verbally or in writing any offender who makes an allegation that he has suffered sexual abuse in any agency facility as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation by the agency. After review of the investigation files, signed forms from the offenders of the notification of the outcome of the investigation were completed. An outside entity does not conduct sexual abuse investigations. 6 investigative files were reviewed and the offenders were notified of the outcomes of their individual investigations, offenders then signed forms stating that they received this information. Examples also showed that the offenders are told the results of their allegations and the report is documented. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility will inform the offender if, the staff member is no longer posted on the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse or convicted on the charge within the facility. The Agency has the form "Sexual Abuse Debriefing" that requires all the information pertaining to a report of a sexual incident. This form and information is then logged into a spreadsheet to track the events of the cases that are completed. When a case is substantiated, unsubstantiated, or unfounded, the offender is informed. All of the above information pertaining to this standard is tracked and at each level of the cases evolving, the offender is notified when it involves staff. I interviewed the investigator and he affirmed that this was the procedure at OCC. I was also provided documentation validating this process. Each time the offender is notified, the offender signs a form that he was informed of the outcome of his case. When there is an offender on offender, the process is the same at each interval the victim is notified and signs that he was informed. I interviewed the Warden and the PREA Coordinator both staff stated this policy is followed and the offender signature documents I reviewed supported their statements.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Sexual Abuse and Harassment section P. Employee Discipline says staff shall be subject to disciplinary action up to and including termination for violating the agency sexual abuse and sexual harassment policy. Termination will be the presumptive discipline for sexual abuse. Policy states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations and resignations would be reported to licensing bodies and law enforcement agencies if applicable. Since the June 2016 PREA audit there have been no PREA type formal disciplinary sanctions against staff at Ozark Correctional Center. A log of staff and contracted staff discipline was provided that verifies this statement as well. A PREA investigations log also shows there are no substantiated findings in reports against staff during the last

year. Interviews with the Warden, investigator and the Human Resource staff all supported the facility policy as stated in this standard. Based on interviews, the policy provided and supporting documents, the facility meets this standard.

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## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Sexual Abuse and Harassment prohibits contractor/volunteer contact with offenders if they are found to have committed sexual abuse. Substantiated findings will be reported to licensing

bodies and law enforcement agencies where applicable. The agency and/or the facility shall consider prohibiting contact for substantiated sexual harassment. Policy D2-13.1 Volunteers requires allegations of sexual abuse or sexual harassment by contractors/volunteers be forwarded to facility investigators. Since June 2016, there have been no findings against any contractors or volunteers. Interviews with the Warden and the PREA coordinator support this standard. The interviews, policy and supporting documentation provided shows the facility meets this standard.

## Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an



incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

Based on the interviews and documentation provided, the facility meets this standard.

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## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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MoDOC policy D1-8.13 Offender Sexual Abuse and Harassment and policy IS11-32 Receiving Screening-Intake Center requires staff to refer an offender to medical and mental health within 14 days that discloses during the risk screening he was a victim or perpetrator of sexual abuse. The facility also provided the PREA Risk Assessment Manual which requires staff conducting risk assessments to refer offenders that report victimization or perpetration to medical and mental health within 14 days. The facility provided an example of an offender reporting sexual victimization at a county jail being referred to mental health was provided. The offender was seen within 14 days as required. The facility also provided an investigation file for a report of offender abusive contact. This case was reviewed and clearly documented the referral to medical and mental health the next day. Medical and mental health staff stated during interviews that they are aware of their duty to report an incident of sexual abuse that an offender reported to them that occurred in a confinement facility. If the offender reported an incident that occurred outside of a confinement facility, the offender would have to sign a release of information before they could tell the facility investigators. Medical and Mental Health stated in interviews that offenders that report being a victim or perpetrator of sexual abuse would be seen within one or two days of arrival. The Mental Health staff stated that he would provide individual counseling for both and a trauma group for victims. Both said that information provided by offenders about victimization or abusiveness would only be shared with staff that need to know, such as the Warden, PREA Compliance Manager.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.82 (d)

- Are treatment services 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?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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A memo from the OCC PREA Compliance Manager states the facility has had no incidents of sexual abuse reported in 2016 and 2017. A review of the facility annual report also confirms this. The OCC Coordinated Response plan requires emergency medical services to be provided for reports of sexual abuse. The facility provided Policy D1-8.13 Offender Sexual Abuse and Harassment which requires medical staff to provide emergency medical care for victims of sexual abuse. Treatment for sexually transmitted disease will be provided in the case of sexual assault involving penetration. All medical care will be at no cost to the offender. If no medical or mental health staff are on duty at the time of a sexual abuse report, custody staff are required in the facility response plan to keep the offender safe until medical staff can provide services. A memo from the OCC PREA Compliance Manager states

there have been no substantiated reports of sexual abuse that required emergency medical care during 2016 and 2017. Medical and mental health staff interviewed knew about the services they were required to provide and their responsibilities under this standard. The Health Care Manager stated in an interview that sexual abuse victims would be seen immediately to assess for emergent medical needs. If a forensic exam is required the offender would be sent to Mercy Hospital for the forensic exam if the abuse was within 72 hours. The Health Care manager also answered questions about medical's response to sexual abuse which followed the facility coordinated response plan. She also stated that all medical care for victims of sexual abuse would be provided at no cost to the offender.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X Yes  No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as 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? X Yes  No

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X Yes  No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) X Yes  No  NA

### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) X Yes  No  NA

### **115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.83 (g)

- Are treatment services 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?  Yes  No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy D1-8.13 Offender Sexual Abuse and Harassment was provided and requires medical staff to provide ongoing treatment, including treatment for sexually transmitted infections, for victims of sexual abuse consistent with the level of services in the community at no cost to the offender. Medical and mental health staff interviewed described the services they were required to provide and their responsibilities for follow up treatment services. A memo from the PREA Compliance Manager states the OCC does not house female offenders. This makes substandard (d) and (e) not applicable. The memo also states the facility has not had a substantiated sexual abuse incident that occurred at OCC reported in 2016 and 2017 requiring follow up medical care. The facility did provide documentation of an offender reporting sexual abuse that occurred at a county jail during a risk assessment. The offender was referred to medical and mental health. Medical records were provided that show the offender received a medical and mental health evaluation. The Health Care Manager stated in an interview that all medical care for victims of sexual abuse would be provided at no cost. The Chief of Mental Health Services was interviewed. He stated he has not had a perpetrator of sexual abuse

referred to him at this facility. He also stated that if a sexual assault were to occur at OCC, the perpetrator would be transferred immediately to a “mainline” facility so he would not be able to provide ongoing counseling.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

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## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

MoDOC policy D1-8.13 was provided and requires the facility to conduct a sexual abuse debriefing for sustained and unsubstantiated reports of sexual abuse within 30 days of the investigation finding. A memo from the OCC Compliance Manager states the OCC has not had a report of sexual abuse in 2016 and 2017. Therefore, there have been no incident reviews conducted. The agency requires a PREA Sexual Abuse Debriefing form to be completed. This form has all elements of the standard to be reviewed. The PREA Compliance Manager was interviewed as a member of the incident review team for the facility. He showed me the agency form that would be used to document an incident review and described how the facility would conduct the review. He said reviews would be done during the morning meeting with the Warden and included facility executive staff, medical staff and the custody supervisor.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

### Standard 115.87: Data collection



**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

**115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

**115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

**115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

**115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

**115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1.8.13 Offender Sexual Abuse and Harassment requires each facility to use information from the PREA Sexual Abuse Debriefing forms to prepare an annual report that is due in March annually. The facility provided their report for 2016. The report contained all of the required elements of the standard. The agency is also required to provide an annual report which also covers the required elements of the standard. This auditor reviewed several reports on the agency website from 2016 back to 2010. The 2016 report was posted. The Agency PREA Coordinator also provided the 2015 and 2016 DOJ SSV report. The PREA Coordinator stated during an interview that incident data is collected on the COIN system. She showed this auditor what the system looks like on the computer. Only authorized staff can access the system.

The agency and facility meet this standard based on the policy and documentation of practice provided.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 requires the agency to review each facility annual report and compile the data into an agency level annual report that is posted on the agency website. This auditor verified that the agency has annual reports that summarizes data collected from all facilities and compares data for the current year to the last two years. The reports were found to be posted on the MoDOC website. The reports do not contain personal identifying information that would need redacting. The PREA Coordinator stated during an interview that she reviews the PREA incident reports in the electronic system for tracking PREA reports monthly and works directly with the facility Compliance Managers to make any needed corrective actions. She also reviews every facility annual report to compile the information for the agency annual report. The facility PREA Compliance Manager indicated in an interview that he provides the PREA Coordinator a facility annual report that summarizes the facility's data for the year and corrective actions that were completed. During the interview for the Agency Head Designee, the Director of the Division of Adult Institutions stated that the Agency Director approves the annual report.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

### Standard 115.89: Data storage, publication, and destruction

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
X Yes  No

### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? X Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 requires the agency to review each facility annual report and compile the data into an agency level annual report that is posted on the agency website. This auditor verified that the agency has annual reports from 2010 to 2016 posted on its website. The reports do not contain personal identifying information that would need redacting. The policy requires the data to be retained for 90 years. The PREA Coordinator stated during an interview that incident data is collected on the COIN system. She showed this auditor what the system looks like on the computer. Only authorized staff can access the system.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
X Yes  No  NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? X Yes  No

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
X Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
X Yes  No

##### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. I did have access to, and the ability to observe, all areas of the facility. I did request documents and received every document that I requested. I was permitted to conduct private interviews with offenders, staff and volunteers.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The last audit was published on the Missouri Department of Correction Agency website.

## AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alison Yancey

11-22-2017

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.