

PREA AUDIT REPORT ☐ Interim ☒ Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: August 14, 2015

Auditor Information			
Auditor name: Elizabeth L Rice			
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Email: overtonrice@gmail.com			
Telephone number: 785-865-2728			
Date of facility visit: June 8, 2015 and August 13, 2015			
Facility Information			
Facility name: Heartland Center For Behavioral Change			
Facility physical address: 1514 Campbell St., Kansas City, MO 64108			
Facility mailing address: (if different from above)			
Facility telephone number: (816)421-2045			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Ron Schmitz, Vice President of Correctional Services			
Number of staff assigned to the facility in the last 12 months: 97			
Designed facility capacity: 173			
Current population of facility: 170			
Facility security levels/inmate custody levels: Community/Minimum			
Age range of the population: 18 over			
Name of PREA Compliance Manager: Debra Monday		Title: PREA Coordinator/Training Technician	
Email address: dmonday@heartlandcbc.org		Telephone number: 816-421-6670 x1862	
Agency Information			
Name of agency: Heartland Center For Behavioral Change			
Governing authority or parent agency: (if applicable)			
Physical address: 1730 Prospect avenue, Suite 100, Kansas City, MO 64127			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: 816-421-6670			
Agency Chief Executive Officer			
Name: Myrna Trickey, President/CEO		Title: President/CEO	
Email address: mtrickey@heartlandcbc.org		Telephone number:	
Agency-Wide PREA Coordinator			
Name: same as facility		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

Department of Justice Certified Auditors Liz Rice and Ron Baker received the pre-audit questionnaire on June 1, 2015 in preparation for the onsite audit scheduled for June 8 & 9, 2015. The auditors arrived at the facility at 8am on June 8 and were greeted by the facility PREA Compliance Manager. The PCM introduced auditors to senior staff and provided a tour of the facility. During the facility tour auditors were notified that all state inmates had been removed from the facility on the last business day before the onsite audit. The facility was still housing federal inmates and the state is replacing their female inmates with male inmates in early July, 2015. Auditors met privately and considered whether to continue the audit. Due to the separate use areas of the facility (see facility description below) it was decided to continue with the audit and complete the day one interviews with staff and inmates housed on the federal side as well as speciality posts for the state side of the facility. Some executive staff are shared by both sides of the facility. The notice of the audit was posted and staff and inmates interviewed reported that they had been posted for the required time. No letters were received from federal or state inmates. Auditors decided to move the second day of the audit to a date in July 2015 (this was later pushed back to August 13) that would allow auditors to review the files and interview staff assigned to the state housing unit after the state inmates are back on site. Auditors were able to review all areas of the facility, state and federal, and review policies and protocols for both sides. This was a unique situation in which auditors believed that they could not fully assess compliance without the ability to interview line staff assigned to the state side, to review files related to the state housing side of the facility, observe operations on the state side, and to interview inmates that are housed on the state side. Auditors were able to fully assess the federal side of the facility.

Auditors were able to select a random sample of male and female inmates for interviews from the federal inmate roster. Staff interviews were selected based on job duties for required specialty interviews and a random sample of staff were selected from the staff roster.

On the return trip to the facility the auditors will review state inmate files, observe operations on the state side and conduct interviews related to the state inmate housing side of the facility. This was completed on August 13, 2015.

Auditors returned to the facility on August 13, 2015 and completed interviews with a random sample of state inmates and a random sample of Heartland employees assigned to the state side. All staff were found to be knowledgeable and supportive of the facility policies regarding PREA. All inmates interviewed indicated that they felt safe at this facility. Inmates indicated that they had received orientation that including an assessment. All inmates interviewed were aware of the purpose of our visit and acknowledged that notices had been posted notifying of our return visit. No letters were received prior to the second visit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Heartland Center For Behavioral Change Facility is located in an urban area of Kansas City, MO and is one building that houses two separate programs, one for state offenders and one for federal offenders. There are separate staff in place for each of the programs, however, the agency policies related to PREA are the same for all areas of the facility. The state program housed female offenders until June 5, 2015 when the state removed the female offenders due to a change in the state housing needs. The State of Missouri Department of Corrections plans to begin housing male offenders in the portion of the building previously used to house state females in July 2015. The federal program housed both male and female offenders in separate housing wings. State inmates were returned to the facility on July 1, 2015.

All HCBC staff are authorized to work with the state inmate population. There are additional requirements in the federal contract that require staff who will work on the federal unit to undergo federal background check and additional training on the specific policies related to the supervision of federal inmates.

The state housing unit of the facility is referred to as the Community Transition Unit (CTU) and the federal housing unit is referred to as the Residential Reentry Center (RRC).

The building itself is an old building that has been converted for its current use. The inmate housing areas are dormitory style and there is a shared dining room and gym for units. The showers are in common use areas based on housing unit and gender.

SUMMARY OF AUDIT FINDINGS

Auditors were able to review all of the policies, interview staff and inmates, and observe operational practices in the unit housing federal inmates on June 8, 2015. There were no state inmates housed at the facility on June 8, 2015. The state inmate expected return to the facility is July 1, 2015. Auditors were able to review policies and interview executive staff for the state housing unit on June 8, 2015. Auditors returned on August 13, 2015 to observe operations and interview line staff and inmates assigned to the state housing unit.

The current policies and procedures were formally developed in March 2015 as a requirement in the HCBC contract with the State of Missouri for housing state inmates. Those policies were approved by the Board of Directors on March 19, 2015. All measures in this audit are considered from the date of implementation of the approved policies, March 20, 2015. The practice outlined in most of the policy have been in place for over a year but had not been fully approved by the board until March 2015, therefore staff had been following most PREA standards for over a year. The culture of the facility was one of safety and care for the inmates who live there and it was clear to auditors that Heartland Administration fully support PREA.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0 interim report contained 2- Standard 115.241 Screening for risk of victimization and abusiveness, Standard 115.242 Use of screening information)

Number of standards not applicable: 3 - Standard 115.212 Contracting with other entities for the confinement of residents, Standard 115.235 Specialized training: Medical and mental health care, Standard 115.234 Specialized training: Investigations

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

HCBC Policy 13.1-Prevention Planning
Page 6: IV.PROCEDURES

A.Zero Tolerance of Sexual Abuse and Sexual Harassment

1.Heartland Center for Behavioral Change (HCBC) has a zero tolerance policy toward all forms of offender sexual abuse and offender harassment.

2.The approach to preventing, detecting, and responding to such conduct shall be outlined in HCBC policies and procedures and all full and part time staff members, volunteers, and contractors serving offenders or otherwise under HCBC's jurisdiction or contract to serve offenders shall be required to comply with the policy and procedure.

B. PREA Coordinator

A PREA Coordinator shall be appointed who has sufficient time and authority to develop, implement, and oversee HCBC efforts to comply with the applicable PREA standards.

The PREA Coordinator shall have a direct reporting relationship to the Vice President of the Division of Correctional Services (DCS).

This policy includes the required definitions of prohibited behaviors. Specific policies related to prevention, detection, a response will be noted in those specific standard sections.

Through observation and interviews auditors were able to determine that the PREA Coordinator has sufficient time and authority to meet the requirements of this standard.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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The item is not applicable as Heartland Center For Behavioral Change (HCBC) does not contract with other entities for housing of residents.

Standard 115.213 Supervision and monitoring

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

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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RFP B3Z14319 page 15 and page 24 outline the security and case management staffing requirements.

Through review of the staffing plan and interviews with staff auditors were able to determine that consideration is given to the physical layout of the facility, the type of offender being housed at the facility, and other information that may come from review of incidents and allegations.

Any deviations from the plan such as call in's for sickness for self or family member, funeral etc., the security officer on shift stays over or another security officer is called in to ensure shift coverage.

HCBC reports no deviations from staffing plan since implementation of the current state contract in January 2015.

The staffing plan was reviewed in March 2015 and documentation was provided that indicate the required elements were considered.

38 Cameras of which three are PTZ cameras. These cameras are located in various locations of the building including the outside. Cameras are located in common areas such as day rooms, TV rooms, hallways, stairways, control desks, elevator and including our medication rooms. The facility has one centralized DVR room that houses all four of the DVR's .

Standard 115.215 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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HCBC policy related to strip searches is defined for the state housing unit (CTU) and the federal unit (RRC). HBC policy 8.12 provides guidance to staff on conducting searches and cross gender viewing. Cross gender pat searches and strip searches are prohibited. Body cavity searches are prohibited.

Policy requires all staff to announce their presence prior to entering into an area where inmates of the opposite gender may be in a state of undress to include showering, tending to bodily functions, or changing clothes. Interviews with staff and inmates as well as observation by auditors substantiate the adherence to this policy.

Policy prohibits inspection, search, examination, or viewing of transgender or intersex inmate solely for determining genital status.

Security staff are trained in proper search procedure. Interviews with staff and inmates and review of training records indicate compliance with this standard.

The 38 cameras currently in use do not allow view of areas where inmates may be in a state of undress. (changing, showering, using toilet facilities).

Standard 115.216 Residents with disabilities and residents who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

HCBC Policy 13.1-Prevention Planning Page 7 & 8

E. Offenders With Disabilities and Offenders Who Are Limited English Proficient

1.The Vice President, DCS shall implement appropriate internal operating procedures to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of HCBC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

a.Steps shall include ensuring effective communication with offenders who are deaf or hard of hearing and when necessary providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

b.In addition, the PREA Coordinator shall ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

c. Actions shall not be required to be taken if they would result in a fundamental alteration in the nature of a service, program, or activity, or undue financial or administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFS 31. 164.

2.The Vice President, DCS shall implement appropriate internal operating procedures to ensure meaningful access to all aspects of HCBC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary when such resources are needed.

3.Offender interpreters, offender readers, or other types of offender assistants shall not be relied upon as interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under HCBC Policy #13.6, "Official Response," Section D or the investigation of the resident's allegations.

There were no inmates requiring accommodation housed at HCBC during the audit, therefore no interviews could be conducted that included inmates with disabilities or limited english proficiency.

Standard 115.217 Hiring and promotion decisions

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

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

HCBC Policy 13.1-Prevention Planning Page 8,9, &10
Hiring and Promotion Decisions

F. Hiring and Promotion Decisions

In addition to the requirements outlined in HCBC Policy #3.3, "Selection of Qualified Staff and in HCBC Policy # 3.4, "Employee Promotions, Transfers, Demotions, and Dismissals," the Human Resource Department and all HCBC staff involved in the hiring and promotion of persons to provide services to offenders shall comply with the requirements of PREA described herein.

The Human Resource Department shall ensure that no person is hired or promoted who may have contact with offenders, or that any contractor is enlisted who may have contact with offenders, who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Has been convicted of engaged 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; or

Has been civilly or administratively adjudicated to have engaged in the activities described in (b) above.

Incidents of sexual harassment shall be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. In such a case, the President/CEO shall be notified of the incident by Human Resources and shall make the final decision in the consideration process.

Before hiring new employees who may have contact with offenders, the Human Resource Department shall:

Perform a criminal background records check; and

Consistent with federal, state, and local law, make 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.

The Human Resource Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders.

The Human Resource Department shall conduct criminal background checks at least every 5 years of current employees and contractors who may have contact with offenders.

The Human Resource Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct as described in this section. Applications for employment and promotion, interviews, written self-evaluations and performance appraisals shall require the employee or applicant to disclose if they:

Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Have been convicted of engaged 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;

Have been civilly or administratively adjudicated in the activities described above;

Have engaged in sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; and/or

Are currently the subject of an investigation in the activities described above.

Employees, volunteers, and contractors shall have a continuing affirmative duty to disclose any such misconduct as described above directly to Human Resources.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Unless prohibited by law, the Human Resource Department shall 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.

Auditors interviewed staff from the HR department. In the past 12 months 97 employee background checks have been completed for staff with direct contact with inmates.

Standard 115.218 Upgrades to facilities and technologies

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

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

HCBC has not made any substantial changes to their facility but are in the process of upgrading their electronic surveillance. A review of current camera placements and proposed changes was completed and an interview with the facility executive staff indicates that considerable thought has been given to protecting residents from sexual abuse.

38 Cameras of which three are PTZ cameras. These cameras are located in various locations of the building including the outside. Cameras are located in common areas such as day rooms, TV rooms, hallways, stairways, control desks, elevator and including our medication rooms. There is one centralized DVR room that houses all four of our DVR's.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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HCBC Policy 13.2-Responsive Planning Page 6

A. Evidence Protocol and Forensic Medical Examinations

1. Allegations of sexual abuse shall be immediately reported to law enforcement for investigation. (See HCBC Policy #13.6, Official Response).

2. The Program Manager or Vice President, Division of Correctional Services (DCS) in his/her absence shall ensure that all victims of sexual abuse are offered a forensic medical examinations at an outside medical facility, without financial cost, where evidentiary or medically appropriate.

a. Such examinations shall be performed to Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

b. The PREA Coordinator shall ensure that efforts to provide SAFEs or SANEs are documented.

HCBC refers all criminal cases to local law enforcement. The Kansas City, MO police department provided an outline of the training that investigators receive for Crisis Intervention. HCBC requested but was denied an MOU with KCPD. The police department will respond to the facility as they would for any crime committed within their jurisdiction.

Interviews with staff indicate that preservation of the scene to allow evidence collection by law enforcement is a consideration whenever a report is made to staff.

Memo from Facility PCM "The victim will always have a victim's advocate present and based on the needs of the victim the PREA Audit Report

appropriate organization will be contacted to provide assistance. For instance if the victim is LGBTI and experience's a hate crime, the KC LGBTI anti violence group will be contacted. If a victim needs to speak with someone from the rape crisis center (MOCSA) and requires a therapist, the person will be referred to the licensed therapists. Veronica's Voice is an agency designed to assist former prostitutes who for whatever reasons were in because they had no choice. This organization assists individuals who have experienced trauma due to prostitution.o

A copy of the MOU with MOSCA was provided to the auditors. Posters about MOSCA services were found posted throughout the facility in areas where inmates were present.

Facility PCM has established contact with the area SANE manager and received the following information:

"Any time an offender who has experienced sexual abuse/assault is taken to the Truman Medical Emergency, KC SANE Manager is contacted by the hospital to provide comprehensive support. SANE provides a SAFE sexual medical exam. This includes contacting MOCSA prior to the exam who will provide advocacy during the forensic medical exam/rape kit. The victim may have the advocate in to hold their hand or step outside until the exam is complete. All questions asked are therapeutic questions reinforcing good coping skills. They never ask why you were with him or her as that is a blaming question. MOCSA advocate also informs the victim of support available in the form of free counseling and support groups. SANE address any of the victim's worries such as catching a disease. Provide medications to prevent diseases, provide contraception if afraid of getting pregnant. Everything they need to heal. In order to assist a victim in the healing process you need to target the issue and refer the victim to the agencies that would be of the most assistance to them. Refer to PTSD clinic which addresses post-traumatic stress disorder. KC anti-violence program for all LGBTI hate crimes, or same sex crimes. "

There have been no reports in past 12 months of sexual assault at this facility and, therefore no forensic exams have been conducted.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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There were 3 allegations reported in the past 12 months, all were investigated administratively as they did not include allegations of sexual assault.

HCBC Policy 13.7-InvestigationsPage 1

I. POLICY

All allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

HCBC Policy 13.7-InvestigationsPage 6 & 7

IV. PROCEDURES Criminal Investigations

All allegations of sexual abuse and sexual harassment shall be referred to a law enforcement agency.

It shall be the responsibility of the law enforcement agency investigator to gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, no action shall be taken by HCBC to conduct interviews or investigate the allegation except after the Vice President, Division of Correctional Services (DCS) has consulted with the assigned prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The offender who alleged sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

In the event that any State entity or Department of Justice component conducts an investigation of the report, such investigations shall be

completed pursuant to the above requirement.

When outside agencies investigate sexual abuse, all HCBC staff shall be required to cooperate with the outside investigators.

The Vice President DCS shall endeavor to remain informed about the progress of the investigation and shall apprise the President/CEO in a timely manner of the progress.

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution

B. HCBC Administrative Investigations

HCBC shall conduct an internal administrative investigation if the law enforcement agency determines the allegation of sexual abuse or sexual harassment is not criminal and chooses not to investigate the matter. In such a case, the Vice President, DCS shall request authorization that the government contractor (Bureau of Prisons, U.S. Marshall, or Missouri Department of Corrections, as applicable), promptly initiate an investigation into the report of non-criminal sexual abuse and/or allow HCBC to conduct an internal administrative investigation.

Investigations by HCBC shall be conducted by the HCBC Corporate Compliance Officer or other designee appointed by the President/CEO.

The HCBC administrative investigation shall include an effort to determine whether staff actions or failures contributed to the abuse.

The HCBC administrative investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

HCBC shall retain all written reports of an alleged PREA incident for as long as the alleged abuser is incarcerated or employed by HCBC, plus five years.

The departure of the alleged abuser or victim from the employment or control of HCBC shall not provide a basis for terminating an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirement.

Standard 115.231 Employee training

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

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

HCBC Policy 13.3-Training and Education Page 5, 6 & 7 cover the specific training requirements for staff,

I. PROCEDURE

A. Employee Training

1. All HCBC Division of Correctional Services (DCS) employees shall be provided an HCBC brochure that describes PREA, HCBC's zero tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA requirements. Documentation of receipt of the brochure shall be maintained in the employee training file.
2. All HCBC DCS employees shall receive PREA training. Staff training shall include:
 - a. The HCBC zero tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill their responsibilities under HCBC sexual abuse and harassment prevention, detection, reporting, and response policies and procedures;

- c. Offenders' right to be free from retaliation for reporting sexual abuse and harassment;
 - d. The dynamics of sexual abuse and sexual harassment in confinement;
 - e. The common reactions of sexual abuse and sexual harassment victims;
 - f. How to detect and respond to signs of threatened and actual sexual abuse;
 - g. How to avoid inappropriate relationships with offenders;
 - h. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
 - i. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
3. Employee training shall be tailored to the gender of the offenders at the facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
 4. PREA training shall be a part of the orientation training provided to new employees and refresher training shall be provided annually to all employees. Training shall include a review staff responsibilities to prevent and report sexual assaults, and other relevant PREA-related material.
 5. All current employees who have not received such training as of the effective date of this policy shall be trained within one year.
 6. Staff shall sign an acknowledgement that they have understand the training they have received.
 7. Documentation of the training shall be submitted to the HCBC Training Coordinator and maintained in the training record of the person.

Auditors were provided documentation of completed training while onsite. All required areas of training were completed by staff. Staff interviews indicate that staff have received training and have retained the information from that training. The training module was provided for the auditors to review. Documentation indicated that 54 current staff have received the required training.

Standard 115.232 Volunteer and contractor training

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

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

HCBC Policy 13.3-Training and Education Page 12

B. Training of Volunteers and Contractors

1. All HCBC Division of Correctional Services (DCS) volunteers and contractors who have contact with offenders shall be provided an HCBC brochure that describes PREA, HCBC's zero tolerance of sexual abuse and sexual harassment of offenders, and an overview of the duties of volunteers and contractors to meet PREA requirements.

Documentation of receipt of the brochure shall be maintained in the training file of volunteers and contractors.

2. All volunteers and contractors who have contact with offenders shall be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
3. 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 offenders, but all volunteers and contractors who have contact with offenders shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
4. Documentation of receipt of the training shall be maintained in the volunteer and contractor training file and shall include a signed acknowledgement that they understand the training that they have received.

There were no volunteers currently working with HCBC, Aramark provides contracted food service and staff currently assigned by Aramark have completed required training according to a review of training records provided to auditors onsite.

Standard 115.233 Resident education

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

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

HCBC Policy 13.3-Training and Education Page 8

F. Offender Education

During the intake process, offenders shall be provided written information and education about:

HCBC's zero-tolerance policy regarding sexual abuse and sexual harassment;

How to report incidents or suspicions of sexual abuse or sexual harassment;

Offender rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and

HCBC policies and procedures for responding to such incidents.

Offender education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as offenders who have limited reading skills.

Each offender shall be required to acknowledge receipt of the written information and education. The acknowledgement shall be maintained in the offender management system.

In addition to providing such education, key information shall be continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

There is only one facility in this agency that houses inmates therefore, standard requiring refresher education upon transfer to other facility is not applicable.

Documentation of inmate education was reviewed by auditors in a randomly selected group of inmate files.

Posters were found throughout inmate areas of the facility that provided information about the zero tolerance policy, how to report, and the inmates rights.

A randomly selected group of inmates were interviewed and it was clear from those interviews that inmates receive significant education about PREA and are comfortable talking with staff should the need arise. Copies of the handouts in english and spanish were provided for the auditors review. All inmates interviewed reported receiving the brochures. Staff meeting minutes were reviewed and information related to inmate education in PREA was discussed.

Standard 115.234 Specialized training: Investigations

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

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

Not applicable "HCBC shall not conduct sexual abuse investigations and shall refer all such matters to outside law enforcement agencies."

Standard 115.235 Specialized training: Medical and mental health care

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

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

Not applicable "HCBC shall not rely on medical and mental health care practitioners to work regularly in the correctional facility and shall refer residents needing such services to appropriate practitioners in the community."

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

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

The federal housing side of this facility was assessed in June and found to be in full compliance with this standard. Due to absence of state inmates for two weeks in June while the state replaced female inmates with male inmates, auditors had to return in August to assess this standard on the state side. On August 13, 2015 auditors found the state side in full compliance with this standard. On the federal side the instrument was designed by the Heartland staff and approved by federal bureau of prisons. A review of completed forms shows that assessments are completed at required intervals and contain information appropriate to aid in decision making. Heartland staff complete the assessments for the federal side. On the state side Heartland is required by contract with Missouri DOC to utilize the form created by Missouri DOC. The assessments on the state side are completed by employees of the Missouri DOC who have offices on site at the Heartland facility. All staff at Heartland have access to the final assessment score but only administrative staff can view the full assessment to ensure confidentiality. Auditors were able to view assessments for all state inmates assigned to this facility.

The Federal BOP provides a packet of historical information for each inmates that includes the documentation necessary to complete initial and 30 day assessments. The state does not provide the same level of information and therefore Heartland staff do not have CHRI information necessary to complete the assessments and therefore must rely on the state staff that are assigned to the facility. Auditors believe that this arrangement meets the current standard as it is a collaborative effort between the state and Heartland. Inmates interviewed all reported feeling safe at this facility.

Standard 115.242 Use of screening information

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

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

The federal housing side of this facility was assessed in June and found to be in full compliance with this standard. Due to absence of state inmates for two weeks in June while the state replaced female inmates with male inmates, auditors had to return in August to assess this standard on the state side. On August 13, 2015 auditors found the state side in full compliance with this standard. This facility uses information gathered in the screening instrument to inform housing and in house job assignments. Most inmates work offsite in the community. Housing dorms have assigned bunk areas and bathrooms to ensure that potential or known aggressors are not housed with potential or known victims.

Standard 115.251 Resident reporting

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

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

HCBC policy covers this standard. For the reporting duties and confidentiality section A covers it. They have several ways to report incidents. They also have established hotlines for both staff and inmates to use to report PREA incidents. The auditors tried the phone number while on-site and it worked appropriately.

A. Staff and HCBC Reporting Duties

1. HCBC requires all staff to report immediately, in accordance with HCBC Policy #13.5, any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. All information concerning an event of offender sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse/harassment report to anyone other to the extent necessary, as specified in HCBC Policy 13.5, to make treatment, investigation, and other security and management decisions

Standard 115.252 Exhaustion of administrative remedies

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

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

The facility has not had anything filed under this standard. They do not impose any time limits. They have several ways for inmates to file a grievance that allow them to avoid giving it to the staff member it is against. Policy 13.5 addresses this standard.

C. Grievances Alleging Sexual Abuse

1. Informal Resolution of Grievance
Offenders shall not be required to use the HCBC informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with employees.
2. Time Limits
The time limits and requirements for offenders to file grievances alleging sexual abuse shall promote reporting and investigating such complaints.
 - a. There shall be no time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. However, HCBC may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

Standard 115.253 Resident access to outside confidential support services

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

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

Signs were posted throughout the facility and they have a MOU with MOSCA. Interviews with inmates indicate that they were aware of the outside resources and how to contact them.

Standard 115.254 Third-party reporting

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

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

Inmates interviewed were aware of how they would report incidents including by third party. HCBC policy 13.5

4. Third Party Involvement

Third party involvement to assist offenders in the grievance process shall be allowed.

- a. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders.

Standard 115.261 Staff and agency reporting duties

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

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

HCBC policy 13.6 along with the interviews with staff showed the auditors this standard is being followed.

A. Staff and HCBC Reporting Duties

- 1. HCBC requires all staff to report immediately, in accordance with HCBC Policy #13.5, any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Standard 115.262 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

The facility has not had any incidents of this type in the last year. Policy 13.

B. Immediate Response

Immediate action shall be taken to protect any offender who is at a substantial risk of imminent sexual abuse. In all cases of reported or alleged sexual abuse, the below listed actions shall be taken.

Standard 115.263 Reporting to other confinement facilities

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

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

HCBC has not had any incidents reported to them or that they have had to report during the auditing period. They do have a policy that cover their responsibilities if it were to occur. HCBC 13.6

E. Reporting to Other Confinement Facilities

1. Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Program Manager shall notify the contracting authority. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
2. The PREA Coordinator shall document that it has provided the notification required above.

Standard 115.264 Staff first responder duties

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

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

Staff interviewed were familiar with their responsibilities and when asked said they would be able to respond to a PREA event

Standard 115.265 Coordinated response

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

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

HCBC policy 13.7 The auditors saw examples of this being completed.

D. Sexual Abuse Response Team (SART)

1. Members

The Vice President, DCS shall ensure a coordinated response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and HCBC leadership. S/he shall coordinate the activities of a Sexual Abuse Response Team (SART) consisting of the following staff:

- a. Vice President, DCS;
- b. Program Manager;
- c. PREA Coordinator; and
- d. Chief of Security.

2. SART Responsibilities

SART members shall have delineated responsibilities to support the HCBC response to reports or allegations of sexual abuse including:

- a. Responding to reported incidents of sexual abuse;
- b. Responding to victim assessment and support needs;
- c. Ensuring policy and procedures are enforced to enhance resident safety; and
- d. Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA.

3. Member Responsibilities

a. The Vice President, DCS shall have the following responsibilities:

- 1) Serve as the SART Coordinator making sure that all members are provided the resources and support needed to fulfill their responsibilities;
- 2) Keep the President/CEO timely apprised of the activities of SART; and
- 3) Secure all evidence related to the report/allegation including securing the video recordings from the time period implicated by the report/allegation.

b. The Program Manager shall have the following responsibilities:

- 1) Immediately report all allegations of rape, sexual assault, or employee on offender sexual misconduct to state or local law enforcement agencies for criminal investigation.
- 2) Serve as a primary liaison with local law enforcement and medical responders;
- 3) Make timely required reports to the contractor's official representative and keep the contractor informed of the PREA event and subsequent activities, as required; and

- 4) Ensure that medical and mental health referrals are completed as required.
- c. The PREA Coordinator shall have the following responsibilities:
- 1) Ensure the alleged victim is assessed;
 - 2) Ensure that a mental health referral is made and that mental health needs are addressed according to PREA policy;
 - 3) Attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim. Efforts to identify and utilize a victim advocate shall be documented;
 - 4) Ensure that offenders are aware they may access additional victim resources through community victim resource agencies;
 - 5) Ensure that alleged victims are informed of their rights to care and protection from further victimization.
 - 6) Review HCBC's response to the sexual abuse report or allegation with the Program Manager to ensure the policy is implemented effectively and victim needs are addressed;
 - 7) Ensure the completion of the PREA Event Checklist (Attachment A) is completed; and
 - 8) Ensure that the PREA monitoring is conducted by the designated staff following an allegation of sexual abuse to protect against potential retaliation against residents or employees. This shall include periodic checks of residents.
 - a) Monitoring shall be documented on the PREA Retaliation Monitoring Report form, (Attachment B)
 - b) Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need.
- d. The Chief of Security shall have the following responsibilities:
- 1) Ensure the resident safety needs are addressed, including separating the alleged victim and perpetrator;
 - 2) Ensure employee responses to reports or allegations of sexual abuse are timely and consistent with policy; and

Preserve any video recordings of the alleged crime scene from the time period implicated by the report or allegation

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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

HCBC has not been involved with any new negotiations with bargaining units.

Standard 115.267 Agency protection against retaliation

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

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

The PCM monitors retaliation. They provided examples on the monitoring. The policy is below.

F. HCBC Protection Against Retaliation

1. All offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff.
2. Multiple protection measures shall be available to prevent retaliation such as:
 - Housing changes or transfers for offender victims or abusers;
 - Removal of alleged staff or offender abusers from contact with victims; and
 - Emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
3. The PREA Coordinator shall be responsible to monitor retaliation. For a minimum of 90 days following a report of sexual abuse, the PREA Coordinator shall monitor the conduct and treatment of reporting offender by staff or other offenders to see if there are changes that may suggest possible retaliation from either staff or other offenders, and shall act promptly to remedy any such retaliation.
 - a. The PREA Coordinator shall monitor any offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
 - b. In the case of offenders who may be subject to retaliation, such monitoring shall also include periodic status checks.
 - c. Monitoring for retaliation shall be conducted thirty (30), sixty (60), and ninety (90) days after an allegation of sexual abuse.
 - d. The PREA Coordinator shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.
 - e. The monitoring efforts of the PREA Coordinator shall be documented using the PREA Retaliation Monitoring Report (Attachment B).
4. If any other individual who cooperates with an investigation expresses a fear of retaliation, HCBC shall take appropriate measure to protect that individual against retaliation.
5. The obligation to monitor shall terminate if HCBC determines that the allegation is unfounded. Such decisions and the information relied upon shall be documented and approved by the President/CEO.

Standard 115.271 Criminal and administrative agency investigations

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

☐ Does Not Meet Standard (requires corrective action)

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

They have a policy regarding this standard. They did not have any incidents to report.

A. Criminal Investigations

1. All allegations of sexual abuse and sexual harassment shall be referred to a law enforcement agency.
2. It shall be the responsibility of the law enforcement agency investigator to gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.
3. When the quality of evidence appears to support criminal prosecution, no action shall be taken by HCBC to conduct interviews or investigate the allegation except after the Vice President, Division of Correctional Services (DCS) has consulted with the assigned prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
4. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as offender or staff. The offender who alleged sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
5. In the event that any State entity or Department of Justice component conducts an investigation of the report, such investigations shall be completed pursuant to the above requirement.
6. When outside agencies investigate sexual abuse, all HCBC staff shall be required to cooperate with the outside investigators.
7. The Vice President DCS shall endeavor to remain informed about the progress of the investigation and shall apprise the President/CEO in a timely manner of the progress.
8. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
9. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution

B. HCBC Administrative Investigations

1. HCBC shall conduct an internal administrative investigation if the law enforcement agency determines the allegation of sexual abuse or sexual harassment is not criminal and chooses not to investigate the matter. In such a case, the Vice President, DCS shall request authorization that the government contractor (Bureau of Prisons, U.S. Marshall, or Missouri Department of Corrections, as applicable), promptly initiate an investigation into the report of non-criminal sexual abuse and/or allow HCBC to conduct an internal administrative investigation.

2. Investigations by HCBC shall be conducted by the HCBC Corporate Compliance Officer or other designee appointed by the President/CEO.
3. The HCBC administrative investigation shall include an effort to determine whether staff actions or failures contributed to the abuse.
4. The HCBC administrative investigations shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
5. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
6. HCBC shall retain all written reports of an alleged PREA incident for as long as the alleged abuser is incarcerated or employed by HCBC, plus five years.
7. The departure of the alleged abuser or victim from the employment or control of HCBC shall not provide a basis for terminating an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirement

Standard 115.272 Evidentiary standard for administrative investigations

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

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

HCBC policy 13.7

C. Evidentiary Standard for Administrative Investigations

HCBC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

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

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

HCBC policy 13.7 discusses this procedures for this standard, they provided examples of the follow up after an incident.

D. Reporting to Offenders

1. Following an investigation into an offender's allegation of sexual abuse at HCBC, the PREA Coordinator shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. If HCBC did not conduct the investigation, the PREA Coordinator shall request the relevant information from the investigative agency in order to inform the offender.
3. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the PREA Coordinator shall subsequently inform the offender (unless HCBC has determined that the allegation is unfounded) whenever:
 - a. The staff member is no longer posted within the offender's unit;
 - b. The staff member is no longer employed at HCBC;
 - c. HCBC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - d. HCBC learns that the staff member has been convicted on a charge related to sexual abuse with HCBC.
4. Following an offender's allegation that he or she has been sexually abused by another offender, the PREA Coordinator shall subsequently inform the alleged victim whenever:
 - a. HCBC learns that the alleged abuser has been indicted on a charge related to sexual abuse within HCBC, or
 - b. HCBC learns that the alleged abuser has been convicted on a charge related to sexual abuse within HCBC.
5. All such notifications or attempted notifications shall be documented.
6. HCBC's obligation to report under this standard shall terminate if the offender is released from HCBC's custody.

Standard 115.276 Disciplinary sanctions for staff

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

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

HCBC policy 13.8 cover this standard. They had no incidents to report.

A. Disciplinary Sanctions for Staff

1. HCBC staff shall be subject to disciplinary sanctions up to and including termination for violating HCBC sexual

abuse or sexual harassment policies.

2. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
3. Disciplinary sanctions for violations of HCBC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.
4. All staff terminations for violations of HCBC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal. In all cases, the termination of staff pursuant to HCBC's zero tolerance policy shall also be reported to the representative of the contractor and to relevant licensing bodies.

Standard 115.277 Corrective action for contractors and volunteers

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

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

HCBC policy 13.8 covers this standard. They showed the auditors a report from one incident.

C. Disciplinary Sanctions for Offenders

1. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.
1. Sanctions imposed by HCBC and/or the contracting authorities shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
2. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
3. HCBC may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
4. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
5. HCBC prohibits all sexual activity between offenders and offenders shall be disciplined for such activity. However, HCBC will not deem such activity to constitute sexual abuse if it is determined that the activity was not coerced.

Standard 115.278 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

HCBC policy 13.8 covers this standard.

C. Disciplinary Sanctions for Offenders

1. Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.
6. Sanctions imposed by HCBC and/or the contracting authorities shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.
7. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
8. HCBC may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
9. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
10. HCBC prohibits all sexual activity between offenders and offenders shall be disciplined for such activity. However, HCBC will not deem such activity to constitute sexual abuse if it is determined that the activity was not coerced.

Standard 115.282 Access to emergency medical and mental health services

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

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

This standard is covered under HCBC policy 13.9. They did not have any examples as these services have not been needed.

6. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

HCBC 13.9 covers this standard. They also provided the auditors examples.

B. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

1. The PREA Coordinator shall offer to all offenders who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility, access to medical and mental health evaluations and, as appropriate, treatment.

Standard 115.286 Sexual abuse incident reviews

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

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

They follow policy HCBC 13.10, they also provided examples for the auditors to review.

A. Sexual Abuse Incident Reviews

1. Preliminary Review

A preliminary review of a sexual abuse incident and the HCBC response shall be conducted within seventy-two (72) hours of the incident. The review will be convened by the Vice President, DCS.

- a. Participants of the review team shall include Sexual Abuse Response Team (SART) and the HCBC Corporate Compliance Officer and may include any other employee who may have had a significant role in the HCBC response to the event.
- b. At a minimum, the review of the incident shall include:
 - 1) Discussion of the incident and whether the HCBC response met PREA standards and HCBC policy requirements;
 - 2) Categorization of the incident report, if known, (i.e., substantiated, unsubstantiated, unfounded); and
 - 3) Whether there appears to be employee actions or failures to act that may have contributed to the sexual abuse.

The results of the review shall be submitted to the President/CEO including the findings in each of the above areas by the Vice President, DCS within five (5) working days of the incident

Standard 115.287 Data collection

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

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

The facility provided the auditors examples of reports, the actions taken why investigating the report and the results of the investigations. They have the procedures in HCBC policy 13.10

B. Data Collection

1. The PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
2. The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually.
3. The incident-based data collected shall 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.
4. The PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.
5. Upon request, the Vice President, DCS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288 Data review for corrective action

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

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

HCBC policy dictates information is reviewed and actions are taken based on the review. He showed the auditors where they had reviewed incidents that had occurred at their facility and the actions they took based on the review.

Standard 115.289 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

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

The standard is met based on HCBC policy 13.10. The policy has not been effect long enough to look at any historical data but the policy is in place and they are familiar with it.

D. Data Storage, Publication and Destruction

1. The PREA Coordinator shall make all aggregated sexual abuse data readily available to the public at least annually through its website.
2. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.
3. Upon publication of the HCBC annual report, the PREA Coordinator shall submit all data collected to the office of the President/CEO for secure retention. Such data shall be retained for at least ten (10) years after the date of the initial collection unless federal, state, or local law required otherwise.

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.

Elizabeth L. Rice

08/14/2015

Auditor Signature

Date