

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: January 11, 2016

Auditor Information			
Auditor name: Ray Reno & Talia Huff			
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Email: rayreno1@gmail.com			
Telephone number: 620-285-1405			
Date of facility visit: 03/26/15 to 03/27/15			
Facility Information			
Facility name: Reality House Programs, Inc.			
Facility physical address: 1900 E. Prathersville Rd. Columbia, MO 65205			
Facility mailing address: <i>(if different from above)</i> P.O. Box 1507, Columbia, MO 65205			
Facility telephone number: 573-449-8117			
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 type="checkbox"/> Community treatment center	<input checked="" 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: Robert S. Harrison, Sr.			
Number of staff assigned to the facility in the last 12 months: 23			
Designed facility capacity: 85			
Current population of facility: 60			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18+			
Name of PREA Compliance Manager: Chante Wright		Title: HR Manager	
Email address: wright@realityhouse.org		Telephone number: 573-449-8117	
Agency Information			
Name of agency: Reality House Programs, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> n/a			
Physical address: 1900 E. Prathersville Rd, Columbia, MO 65205			
Mailing address: <i>(if different from above)</i> P.O. Box 1507, Columbia, MO 65205			
Telephone number: 573-449-8117			
Agency Chief Executive Officer			
Name: Robert S. Harrison, Sr.		Title: Executive Director	
Email address: harrison@realityhouse.org		Telephone number: 573-449-8117	
Agency-Wide PREA Coordinator			
Name: Chante Wright		Title: HR Manager	
Email address: wright@realityhouse.org		Telephone number: 573-449-8117	

AUDIT FINDINGS

NARRATIVE

A PREA audit was conducted of Reality House Programs, Inc. on March 26 and 27, 2015. The audit was conducted by 360 Correctional Consulting, LLC; lead by certified PREA auditors Ray Reno and Talia Huff. Reality House Programs, Inc. (RHP) is a community confinement facility that contracts for the confinement of offenders. They house offenders for Missouri Department of Corrections (DOC), Bureau of Prisons, Boon County Jail, US Probation Office, work release, and ASC (alternative sentencing).

At least six weeks prior to the audit, Reality House Programs (RHP) posted an Auditor Notice provided by the auditors. In addition, documentation was provided to the auditor prior to the audit; to include the Pre-Audit Questionnaire and other supporting documentation, which was provided via a flash drive. Correspondence between the auditor and the PREA Coordinator occurred throughout the pre-audit phase, and the auditor submitted a tentative audit schedule to the facility prior to arrival for the on-site portion.

The auditors reported to RHP on March 26, 2015, to initiate the audit. A brief opening meeting was held with Administration. The PREA Coordinator then accompanied the auditors during the audit tour. PREA signage as well as the Auditor Notice, was observed in places throughout the facility, ensuring that reporting information was adequately visible for all offenders. Interviews of specialized staff, as well as random staff and offenders, were conducted March 26 and 27; 10 random offenders and 10 random staff (from all three shifts) were interviewed, in addition to the specialized staff and applicable targeted offender interviews. There were no trans-gender or inter-sex offenders, disabled or LEP offenders, or youthful offenders identified by staff or observed by the auditors.

The second day of the on-site audit, March 27, 2015, remaining interviews were conducted; that afternoon, the auditors met again with Administration in an exit meeting to discuss preliminary findings.

RHP is required to be PREA compliant, pursuant to being contracted for the confinement of offenders, although they have had a relatively short amount of time to work on this endeavor. RHP has made great strides in doing so, has leadership that is invested in the process, and are well on their way. Naturally, however, staff and offender awareness of PREA is in its early stages, which was evident through interviews and noted by the auditors. It should also be noted that by virtue of the type of facility and program at RHP, most offenders regularly leave the facility for program-related reasons (i.e.. employment, job search), offenders are allowed to be in the possession of approved cell phones (an unmonitored and unlimited means of external reporting), and staff and offenders reported that they felt sexually safe at RHP. There was only one (1) allegation reported during the review period, which resulted in an administrative investigation.

In addition to pre-audit documentation review and on-site interviews, auditors reviewed education, training, and criminal records checks while on-site. In general, a review of records showed that education and training had been provided for the first time within a month of the on-site audit and in most instances within a few days of the on-site audit. Just Detention International was contacted prior to arrival, to which no allegations from RHP were reported. Auditors also made contact with the local rape crisis provider to inquire about available services and contacts with Reality House.

DESCRIPTION OF FACILITY CHARACTERISTICS

Reality House is a minimum security community confinement facility that has a capacity for 85 offenders. Population at the time of audit was 60. The physical plant consists of two (2) buildings adjoined by a walkway. The main building consists of three (3) different wings (B, C, and E). B Wing is designated for female offenders; C Wing is designated for Boon County Jail offenders; and E Wing is designated for other male offenders. The second building (RP) houses Residential Probation/Parole male offenders. Cameras were located in all common areas and in the kitchen, but not in living units or bathrooms. The exception to this is in the RP building, where cameras are located in the bunk area, though this is not an area where offenders are unclothed. The bathroom is a private area where offenders are to dress/undress, shower, and use the toilet without being in view of the opposite gender.

SUMMARY OF AUDIT FINDINGS

Auditors found that the safety of the offenders at Reality House Programs was of utmost importance, to include sexual safety. This was overwhelmingly reported by staff and offenders. While 18 standards were not met upon the issuance of the Interim Summary, many of those require only minor corrective action. 19 standards were met, and 2 not applicable. The Interim Auditor Summary Report was submitted to the facility on May 6, 2015. Following facility review of the report, a close-out conference call was held with the facility and auditors. The call brought about the need to make some corrections in the report which were completed and then the Interim Report was re-submitted to the facility on June 9, 2015.

RHP entered into a corrective action period following the submission of the Interim Report, which was ultimately successfully concluded on December 22, 2015.

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Policy Review:

RHP does have a through and complete PREA policy that mandates a zero tolerance policy toward all forms of sexual abuse and sexual harassment. This same policy designates an upper level employee (Chante Wright) to act as the facility PREA Compliance Manager. Ms. Wright also serves as the facility Human Resource Manager.

Interviews, Document Review, and Site Tour:

During staff and resident interviews, it was apparent that everyone was aware of PREA and understood that there was a zero tolerance expectation. During the tour, there were several posters attached to the walls giving notice of the zero tolerance expectation. During orientation, which occurs within a few days of arrival, residents are given information about PREA, and they sign an acknowledgment form.

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)

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.

N/A. RHP does not contract with any other facility to house their offenders.

Standard 115.213 Supervision and monitoring

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

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Policy Review:

The RHP PREA policy outlines the facility staffing plan and how the plan is developed. There is a daily/weekly roster that schedules employees' work days and days off.

Interviews, Document Review, and Site Tour:

During interviews with staff working the unit and with the facility Director, it was made clear that they do not deviate from the staffing numbers that are assigned. If a staff member is unexpectedly absent, that shift is covered by another staff or a supervisor. Supervisors and senior staff all reported making unannounced, unscheduled rounds to all areas of the facility. All rounds (for all purposes) are documented on a round sheet in the "key." Auditors observed this documentation.

Recommendation:

During the tour, it was observed that there are a number of blind spots and in one of the living units (County Residents), there were no cameras. Even though there is a glass front at this unit, it is not continually supervised. Overall, there did not seem to be adequate video camera coverage. Installation of additional video cameras and DVRs is recommended.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

Policy Review:

The rules for cross gender viewing and searching is clearly outlined in the RHP PREA policy. According to this policy, strip searches, body cavity searches, and cross gender pat down searches are prohibited.

Interviews, Document Review, and Site Tour:

During staff interviews, staff reported that they do not conduct strip searches and as a rule, do not conduct cross gender pat searches. If it were necessary to conduct a cross gender pat search, supervisors said they would conduct the search in front of one of the video cameras to serve as documentation. That said, no staff member could remember the need to do so within the past year. During resident interviews, none reported ever being strip searched, or being patted down by a member of the opposite sex. Additionally, the vast majority of residents reported that staff were very good about announcing their presence when making security rounds where the opposite sex were housed. Both staff and residents reported that staff of the opposite gender did not make rounds in the bathroom/shower areas. Those security rounds were made only by staff of the same sex as the residents housed there. At the time of the on-site visit, there were no known trans-gender or inter-sex residents housed at RHP. During the staff interviews, staff reported that they would not conduct a search of a trans-gender or inter-sex resident solely to determine the genital status. Even though the RHP PREA policy states that all security staff are trained to conduct searches on trans-gender and inter-sex offenders, when staff were asked if they had specifically been trained on conducting searches on this population, they were not sure if they had received specific training or not.

Recommendation:

Security staff who work directly with the residents should all have training on the proper ways conduct searches of trans-gender and inter-sex offenders, and there should be documentation that the training was provided and understood by the staff.

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.

Policy Review:

According to the RHP PREA policy, they have partnered with "Service For Independent Living" and "Columbia Interpretive Services" to ensure that offenders and residents with disabilities or language barriers all have equal opportunity to benefit from the RHP programs, including the PREA policies.

Interviews, Document Review, and Site Tour:

During the facility tour, auditors were able to observe that PREA posters were printed in both English and Spanish. There were no residents with disabilities or who were limited English proficient during the time of the on-site portion of the audit.

Recommendation:

Written PREA materials provided to residents during orientation (upon arrival to the facility) should be available in a Spanish version for those residents who only comprehend Spanish.

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.

Policy Review:

RHP PREA Policy speaks to every provision of this standard. This policy states that criminal records checks are done annually, in accordance with employee birth dates.

Interviews, Document Review, and Site Tour:

During interviews with the HR Manager, auditors were informed that they do not hire anyone who has engaged in the actions of 115.217 (a)(1)-(3). They do not employ the same procedure for employees they promote (although all employees get annual criminal history checks). The HR Manager (also the PREA Coordinator) reported that they conduct a number of different background checks on prospective employees, which include checking with the DOC, BOP, Department of Mental Health, and Highway Patrol.

Auditors reviewed employee files on-site to confirm RHP practice pursuant to this standard. As stated in policy, interviews with staff supported the fact that employees' criminal records checks are conducted annually. Auditors chose random staff files, most of which had the required background checks. However, there were 3 staff files that did not have documentation of criminal records checks since they were hired in 2008. Auditors surmise these checks may have been conducted, though the documentation wasn't filed. In addition, one of the files reviewed was an employee who had been hired the month prior to the on-site audit and had a prior institutional employer. There was no record of a request sent to this institutional employer requesting information regarding involvement in substantiated sexual abuse.

Auditors were provided the employment application to review and noted that the required questions, pursuant to 115.217(f) were not there. Administrative staff reported that they are limited by state statute in what they are allowed to ask at that stage of the employment process. They also reported that they are limited by state statute in disclosing information about former employees regarding involvement in substantiated sexual abuse or sexual harassment. They were not able to provide auditors with the statute number or information specific to

their limitations. Auditors requested this information and haven't yet been provided with it. Therefore, it seems practice is not congruent with policy in this matter.

Auditors ascertained that RHP has one contractor and no volunteers. The contractor is a doctor who provides mental health services to BOP offenders, though this provider does not come to the facility. Residents go to his office when warranted; thus, PREA training isn't the obligation of RHP.

Corrective Action:

1. Policy language is adequate, but RHP needs to ensure they have implemented this policy language as practice and ensure this practice is institutionalized.
2. Ensure documentation of annual criminal records checks are maintained in the employee file.
3. Implement procedures to contact prior institutional employers of prospective employees to inquire about involvement in substantiated sexual abuse or harassment. If statute does prohibit this, provide this documentation to auditors for review. Either way, ensure policy reflects practice accurately.
4. Ensure that the required questions of 115.217(f) are included in the hiring process.
5. Ensure all contractors receive appropriate PREA information and sign acknowledgment.

UPDATE:

1. RHP opted to strengthen its policy language and has also demonstrated the institutionalization of this policy by providing the documentation requested in the remaining corrective action measures of this standard.
2. RHP conducts annual criminal records checks, which are maintained by the PREA Coordinator. This is done by birth date. Each month, the PREA Coordinator sends the respective list of employees for criminal records checks. The Missouri Department of Corrections conducts those checks for RHP. Promotions are done in this manner also. RHP receives a response of whether the employee is cleared and that is kept in the personnel files.
3. The PREA Coordinator provided documentation of RHP's requests for information of applicants from prior institutional employers, inquiring about involvement in substantiated sexual abuse or harassment. The procedure entails applicants filling out and signing a Personal Inquiry Waiver Authorization to Release Information. In this waiver, prior institutional employees are disclosed (if applicable) and the 3 questions required by provision (f) of this standard are also contained therein. At the bottom of this form is a place for the prior employer to verify the above disclosed information (or a space provided in which the employer can include notations). It is then sent to the prior institutional employers. The PREA Coordinator provided completed examples of this Personal Inquiry Waiver form, as well as documentation of faxed and emailed requests and responses to and from prior institutional employers. These examples spanned a period of 2 months and satisfy this provision.
4. RHP has satisfied this provision by including supplemental interview questions given to applicants. The supplemental questions include the 3 questions required in provision (f) of this standard. In addition to this procedure and as mentioned in the previous corrective action, these questions are also included in the Personal Inquiry Waiver completed by applicants. The PREA Coordinator provided completed examples of the supplemental interview questions, which exhibited institutionalization of this practice.
5. RHP has created and implemented a PREA Acknowledgment form for Volunteers and Contractors. The PREA Coordinator provided for auditor review an example of a form completed by a camera installation contractor. There were no volunteers during the corrective action period. These forms are maintained by the PREA Coordinator. This provision is satisfied.

Standard 115.218 Upgrades to facilities and technologies

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

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

Policy Review:

RHP PREA policy does outline in detail the requirements that would be needed should facility upgrades take place. However, no substantial expansion or modifications were made at RHP during the past year.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

Policy Review:

RHP PREA policy states that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal investigations are referred to the Boone County Sheriff Department for completion. RHP does complete administrative investigations and according to the PREA policy, RHP shall: (a) try to determine if any staff actions or failures contributed to the abuse, (b) write detailed reports that include a description of the physical and testimonial evidence, investigative findings, and the reasoning behind credibility assessments, (c) refer for prosecution all substantiated allegations that are criminal, and, (d) impose no standard higher than a preponderance of the evidence when determining if the allegations of sexual abuse or harassment are substantiated. Victims are offered access to a forensic medical examination, when it is appropriate, at no cost to the victim. Also, the victim is provided opportunity to have an advocate from the area rape crisis center to assist the victim throughout the process. According to the PREA policy, the RHP will request that the Boone County Sheriff investigator follow the requirements outlined in this section of the PREA standards.

Interviews, Document Review, and Site Tour:

There was only one (1) allegation of sexual abuse during the audit review period. Investigation of the allegation was completed by the RHP staff and determined to have been unfounded. From the auditor review of the narrative reports that were made available, there was not enough information gathered to make a determination of unfounded. The case was not forwarded to the Boone County Sheriff's Office for investigation due to the determination made by RHP staff. RHP does not seem to follow a uniform evidence protocol and it was not evidenced by review of this investigation.

It was not evident to auditors that the protocol was "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," pursuant to 115.221(b).

Offenders are offered forensic exams off site when warranted.

A victim's advocate is available and can accompany and support the victim through the process of the forensic examination, if requested, through the following service:

True North, P.O. Box 1367, Columbia, Mo 65205

Crisis Line 573-875-1370

Toll Free Crisis Line 1-800-548-2480

Crisis Line for Deaf 1-800-380-3323

RHP policy states that the external investigating agency shall follow the requirements of this standard. Auditors were not actually provided with verification of this. The PREA Coordinator did speak to some difficulties, on occasion, with communicating with the external investigating agency.

Corrective Action:

1. Ensure that administrative investigations follow a uniform evidence protocol. Recommendation is to outline this in policy or an investigative manual.
2. All staff who are in a position to complete an administrative investigation should be required to complete an sexual assault investigation training course such as is offered through NIC.

UPDATE 11/25/15:

1. RHP PREA Coordinator has incorporated language of a uniform evidence protocol in the updated RHP PREA Policy. This is

evidenced in the sections: Coordinated Response and Immediate Steps After Receiving Report of Incident. This provision is satisfied.

- Auditors were provided verification that both the PREA Coordinator and the Security Director had attended specialized training for conducting sexual abuse investigations in confinement. This training was delivered by the Missouri Department of Corrections specifically to meet the requirements of this standard. This provision is satisfied.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

Policy Review:

The RHP PREA policy states that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The policy outlines the steps to be followed for administrative investigations, and that criminal investigations will be referred to law enforcement for investigation.

Interviews, Document Review, and Site Tour:

The PREA policy further states that this policy can be reviewed on the Reality House website at www.realityhouse.org. However, when reviewing the website, the policy was not located.

Corrective Action:

- Post the applicable PREA policy on the Reality House website and ensure it describes both the responsibilities of both RHP and the external investigative entity's responsibilities.

UPDATE 12/22/15:

- RHP has posted their PREA policy describing investigative procedures and responsibilities among other data and information. This was viewed and verified by auditors. This provision is satisfied.

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.

Policy Review:

PREA policy indicates that all employees who have contact with offenders are given training on: (a) Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation; (b) How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment; (c) Offenders' right to be free from sexual abuse and sexual harassment; d) The right of offenders and

employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) The dynamics of sexual abuse and sexual harassment in confinement; (f) The common reactions of sexual abuse and sexual harassment victims; (g) How to detect and respond to signs of threatened and actual sexual abuse; (h) How to avoid inappropriate relationships with offenders; (i) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, trans-gender, inter-sex, or gender nonconforming offenders; and (j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interviews, Document Review, and Site Tour:

The facility provided good examples of training materials used for staff training. Auditors were provided copies of sign-in sheets as documentation that staff had attended training. However, education and training was provided within a few days of the on-site audit. It was evident through interviews that the information was not adequately permeated through staff and offenders and institutionalized. RHP is early in PREA compliance efforts, so this institutionalization will come with more discussion and reiteration of PREA.

Corrective Action:

1. Continue to reiterate PREA policies and practices and provide staff with continuous information. Ensure comprehension through further training, testing, etc.
2. Prior to the end of the corrective action period, provide documentation that PREA training was provided again to all staff and residents of Reality House. Once the documentation is provided, this standard will be changed to "Meets Standard."
2. UPDATE 12/23/15:
 1. The RHP PREA Coordinator has been very engaged in the corrective action process. It is apparent that PREA knowledge has been further permeated through the facility and there appears to be increased staff awareness and dialogue about PREA in addition to implementing "Payday Quizzes" that cover varying PREA topics. This provision is satisfied.
 2. The PREA Coordinator has delivered mandatory additional training and ongoing to all staff in several formats, to include Payday Quizzes, policy and procedure quizzes, training on the use of the new checklist form as well as the changes in the SOP. The PREA Coordinator provided several different types of scenarios in which staff were broken down in to groups to analyze and explain. This provision is satisfied.

Standard 115.232 Volunteer and contractor training

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

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

Policy Review:

RHP PREA policy outlines that the Human Resources Manager is responsible for ensuring that volunteers and contractors who have contact with offenders have been trained on their PREA responsibilities.

Interviews, Document Review, and Site Tour:

Review of the Pre-Audit Questionnaire indicated that there is only one (1) contractor/volunteer who has contact with the residents. No documentation was provided to show that this person had received any training on his/her PREA responsibilities.

Corrective Action:

1. All volunteers and contractors who have contact with residents need to be trained on PREA and their responsibilities. Documentation of the training needs to be obtained and retained for review.

UPDATE 12/22/15:

1. RHP has created and implemented a PREA Acknowledgment form for Volunteers and Contractors, which contains and documents training they receive. The form asserts RHP's zero tolerance policy, prohibition of sexual contact with residents, and duty to report such incidents. The PREA Coordinator provided for auditor review an example of a form completed by a camera installation contractor. There were no volunteers during the corrective action period. These forms are maintained by the PREA Coordinator. This provision is satisfied.

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.

Policy Review:

RHP PREA policy outlines the process for offender orientation and education. According to policy, case managers have up to 30 days to provide and document comprehensive education to offenders regarding PREA.

Interviews, Document Review, and Site Tour:

During offender interviews, almost all of the offenders were able to articulate at least one way to report sexual harassment or sexual abuse. In most cases, the response was that they would tell a staff member. Only a couple of offenders knew about reporting over the phone by use of the toll-free numbers. Most of those interviewed reported that they did not receive PREA information upon admission to the facility, with the exception of those who had arrived within the previous month. Auditors requested offender files to verify acknowledgment forms. 3 offenders did not have signed forms in their files and the ones that did were signed within the month of the on-site audit. Although there was PREA signage posted in the common areas of the facility in both English and Spanish, it appeared to the auditors that while efforts are being made to come into compliance, some of the PREA portions of the offender orientation have only recently been incorporated.

Corrective Action:

1. All offenders shall receive PREA orientation materials and methods of reporting.
2. The PREA policy as currently written allows managers up to 30 days to complete residents' PREA education; however, it should be noted that according to the Pre-Audit Questionnaire, the average length of stay in the facility is 40 days. Offender education should be completed much closer to the date of arrival.

UDPATE 12/4/15:

1. RHP had implemented offender PREA orientation shortly before the on-site audit. This practice needed to be strengthened and institutionalized. The facility has done this. The PREA Coordinator provided for auditor review signed offender PREA acknowledgment forms which is completed within 72 hours of arrival. The acknowledgment form informs offenders that RHP has zero tolerance as well as the different methods of report including contact information to the outside emotional support. The offender acknowledges receipt of this information along with having viewed the PREA video. The form and signature is also dated to verify time frame of receipt. This provision is satisfied.
2. The RHP SOP now asserts that, "Within 72 hours of intake, RHP Case Managers shall provide and document comprehensive education to residents..." Therefore, initial PREA material as well as comprehensive education via a PREA video is provided within 72 hours of intake. This provision is satisfied.

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.

Policy Review:

RHP PREA policy states that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal investigations are referred to the Boone County Sheriff Department for completion. RHP does complete administrative investigations and according to the PREA policy, RHP shall: (a) try to determine if any staff actions or failures contributed to the abuse, (b) write detailed reports that include a description of the physical and testimonial evidence, investigative findings, and the reasoning behind credibility assessments, (c) refer for prosecution all substantiated allegations that are criminal, and, (d) impose no standard higher than a preponderance of the evidence when determining if the allegations of sexual abuse or harassment are substantiated. Victims are offered access to a forensic medical examination, when it is appropriate, at no cost to the victim. Also, the victim is provided opportunity to have an advocate from the area rape crisis center to assist the victim throughout the process. According to the PREA policy, the RHP will request that the Boone County Sheriff investigator follow the requirements outlined in this section of the PREA standards.

Interviews, Document Review, and Site Tour:

There was only one (1) allegation of sexual abuse during the audit review period. Investigation of the allegation was completed by the RHP staff and determined to have been unfounded. From the auditor review of the narrative reports that were made available, there was not enough information gathered to make a determination of unfounded. The case was not forwarded to the Boone County Sheriff's Office for investigation due to the determination made by RHP staff. RHP does not seem to follow a uniform evidence protocol and it was not evidenced by review of this investigation.

It was not evident to auditors that the protocol was "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," pursuant to 115.221(b).

Offenders are offered forensic exams off site when warranted.

A victim's advocate is available and can accompany and support the victim through the process of the forensic examination, if requested, through the following service;

True North, P.O. Box 1367, Columbia, Mo 65205
Crisis Line 573-875-1370
Toll Free Crisis Line 1-800-548-2480
Crisis Line for Deaf 1-800-380-3323"

Corrective Action:

1. All staff who are in a position to complete and administrative investigation should be required to complete an sexual assault investigation training course such as is offered through NIC.

UPDATE 11/25/15:

1. Auditors were provided verification that both the PREA Coordinator and the Security Director had attended specialized training for conducting sexual abuse investigations in confinement. This training was delivered by the Missouri Department of Corrections specifically to meet the requirements of this standard. This provision is satisfied.

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.

RHP does not employ medical or mental health staff. Residents, other than the Boone County inmates, who need to see a doctor are required to make their own appointments with community providers at their own expense. Boone County inmates who require medical or mental health treatment are returned to the Boone County jail for services.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Policy Review:

A PREA Screening Instrument was provided to the auditors. This screening instrument takes into account all of the minimum criteria used to assess risk of sexual victimization as outlined in PREA Standard 115.241.

Interviews, Document Review, and Site Tour:

Interviews with staff who conduct the screening revealed that the screening is simply handed to the offender and is purely self-report. The staff member does not verify the information or criminal history. The screening does not result in any determination of risk to be used by the facility to ensure the separation of offenders at high risk for victimization from those that are at high risk to abuse. With the self-report nature of the screening and screening process, it cannot be considered an objective screening instrument.

Documentation was not provided to show that the initial assessment was completed within 72 hours of arrival at the facility, and no documentation was provided to show that a follow-up assessment was completed within 30 days of the offender's arrival.

Offenders are not disciplined for not answering any of the screening questions. In fact, it is purely voluntary.

The PREA Coordinator reported very strict controls over the dissemination of the screening information and exhibited that to the auditor during the interview.

Corrective Action:

1. Implement a process of screening offenders that is not solely self-report and verifies the information provided is accurate and is a true reflection of the risk of victimization or abusiveness associated with the offender.
2. Document initial assessments, ensuring they are completed within 72 hours of arrival and follow-up assessments is completed within 30 days after compiling additional information.
3. Ensure the screening form is objective.

UPDATE 12/22/15:

1. RHP has implemented a process of verifying the screening information provided by offenders. The screening form has been revised to include staff name and check boxes for the locations checked for verification (e.g. Missouri CaseNet, personal knowledge, offender file, case manager, counselor, or Other). The PREA Coordinator provided examples of completed screenings for auditor review. This provision is satisfied.
2. Initial assessments are completed right away upon arrival and documented. In the event that additional information is obtained, the screening form is updated to reflect the newly obtained information.
3. The PREA Screening form has been revised to ensure objectivity. This was accomplished by inserting a scoring mechanism and a staff score. The form indicates a risk of sexual victimization "If yes to question #1 and/or #10, or yes to 3 or more questions #2 through #10." It indicates a risk of sexual abusiveness "If yes to question #7, #12, or #13." The Staff Score then reflects one of the following: Potential Victim, Potential Aggressor, Mix/Both, or No Risk. This provision is satisfied.

Standard 115.242 Use of screening information

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

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

Policy Review:

A PREA Screening Instrument was provided to the auditors. This screening instrument takes into account all of the minimum criteria used to assess risk of sexual victimization and abusiveness as outlined in PREA Standard 115.241.

Interviews, Document Review, and Site Tour:

Documentation was not provided to show that the screening information was used to make housing and bed assignments for offenders. Their housing and placement seems to be solely guided by their placing agency; i.e.. C Wing houses Boon County Jail offenders and so forth.

Because RHP houses a work release program, offenders are allowed to go into the community and work without supervision as a minimum-custody. However, no documentation was provided to show that the screening tool was used to make work and/or program assignment decisions.

Corrective Action:

1. The facility should develop a policy which will illustrate the steps taken to ensure that potential victims and potential aggressors are kept separate in work, program, and housing assignments.

UPDATE 12/22/15:

1. The revised RHP SOP has been enhanced to reflect facility-specific procedure. It charges the Security Director with the task of placing offenders and to ensure those at high risk for sexual victimization are kept separate from those at high risk for being sexually abusive. Specifically, the SOP outlines the following: (1)The information is placed in the database under each individual’s name by the Administrative Assistant, (2) Cycles through a query that is printed out and given to the Security Managers (3) The residents are then housed accordingly (4) A housing log binder is kept in the Security Key that has the abbreviations of the risk factors to determine any necessary changes by the Security Director, Security Manager or Security Leader. RHP makes efforts to house high risk abusers and high risk victims in separate rooms, though should they need to be housed in the same room (wing), the high risk victims will be housed closest to the entrance of the door for high visualization by staff when doing rounds. The PREA Coordinator engaged in communication and consultation with auditors in implementing this practice and provided supporting documentation of the new process. This provision is satisfied.

Standard 115.251 Resident reporting

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

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

Policy Review:

RHP PREA policy outlines a number of ways for offenders to report sexual abuse and harassment, including: reporting to a staff member; reporting to the PREA Coordinator; through use of a grievance; anonymously through a third party; by placing a note in the PREA box; and reporting through the toll-free hotline.

Interviews, Document Review, and Site Tour:

During offender interviews, almost all offenders said that they could report to a staff member. A couple of offenders said they knew they could use the toll-free hotline. This reporting information could be enhanced, as offender awareness seemed limited at times.

Recommendation:

Auditors recommend placement of additional fliers and posters in the offender living areas, which outline the numerous ways they can make a report of sex abuse or sexual harassment. Additional emphasis should be placed on the numerous methods of reporting during the offender orientation process.

Standard 115.252 Exhaustion of administrative remedies

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

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

Policy Review:

Reality House is not exempt from this standard. RHP Participant Rules of Conduct P7 addresses "Grievance/Appeal Procedures for Participants." RHP PREA Policy P9 addresses, "Inmate Grievances," stating that RHP imposes no time limits on sexual abuse grievances.

Additionally, RHP PREA Policy P3 (7.7.7) states, "You may have staff members, family members, attorneys, advocates, etc. help you file for requests for administrative remedy. If you do not want any help, filing the grievance alleging sexual abuse, it will be documented by staff."

RHP PREA Policy P9 (b7) prohibits the discipline of offenders that report allegations unless RHP can demonstrate the report was made in bad faith.

Contrary to policy and Participant Rules of Conduct language, auditors did note that the Participant Intake packet asserted that a grievance must be filed within 5 days of the event and does not specify an exception for sexual abuse allegations, thus, providing some contradictory information to offenders. In addition, there appears to be no policy or practice that establishes procedures for filing emergency grievances.

Interviews, Document Review, and Site Tour:

During interviews with staff members, it was overwhelmingly known that offenders can write grievances alleging sexual abuse or harassment. It was also repeatedly reported that there is a locked grievance box in the common area where offenders submit grievances and that the PREA Coordinator is the only one that retrieves the grievances from there and responds to them. Auditors noted the grievance box while on the tour.

It was apparent that in practice, offenders were able to submit sexual abuse or harassment grievances without being restricted by time limits, and that these grievances are taken very seriously and handled in a prompt and appropriate manner. There is no informal resolution required and because all grievances are collected by the PREA Coordinator, offenders do not have to submit grievances to a staff member that is the subject of the grievance nor is the grievance referred to a staff member that is the subject of the grievance. In practice, response to grievances seem to be more prompt than what is required by this standard, generally within a few days. The Participant Intake packet asserts that the grievance process should involve no more than 31 days. There was one (1) sexual abuse grievance during the reporting period, which reached final decision prior to 90 days after being filed. RHP does not, however, have policy or practice in place that guides the filing of an extension nor the notification of the offender of such an extension. Considering the response time for grievances, no extensions were needed and it is unlikely that an extension will be needed. Interviews with staff and offenders corroborated the policy language that offenders can be assisted by any third party in filing a grievance.

Policy prohibits the discipline of offenders for alleging sexual abuse unless it was reported in bad faith and auditors found nothing during interviews or document review that contradicted that.

Auditors found no procedure or policy to address emergency sexual abuse grievances. There were no grievances during the reporting period alleging substantial risk of imminent sexual abuse. RHP did assert that the State Contract P7 mandates a final agency decision within 5 days on any grievance alleging substantial risk of imminent sexual abuse.

Recommendation:

Revise the Participant Intake packet to reflect current policy and practice regarding sexual abuse and harassment grievances; that there is no time limit imposed on submitting them.

Corrective Action:

1. Establish procedures for the filing of emergency grievances alleging that an offender is at risk for imminent sexual abuse. The procedure shall mandate an initial agency response within 48 hours and a final decision within 5 days.

UPDATE 11/25/15:

1. Language regarding the filing of emergency grievances alleging imminent sexual abuse has been added to the RHP PREA Policy and Intake packet given to residents. Auditors were provided both these revised documents to review. The policy mandates the appropriate response time as outlined in this standard. There have been none filed since the on-site portion of the audit. This provision is satisfied.

Standard 115.253 Resident access to outside confidential support services

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

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

Policy Review:

As part of the Participant Intake packet, the PREA Orientation Information, as well as the Participant Rules of Conduct states: "If you are in need of rape crisis counseling, please notify staff so that they can assist you. If you want to receive confidential counseling you can contact the following agency:

True North, P.O. Box 1367, Columbia, Mo 65205
Crisis Line 573-875-1370
Toll Free Crisis Line 1-800-548-2480
Crisis Line for Deaf 1-800-380-3323"

RHP PREA Policy P12 (2c) also states, "True North is the community service provider that will be used to provide offenders with confidential emotional support services related to sexual abuse."

Interviews, Document Review, and Site Tour:

Auditors noted during the tour that mailing address and phone numbers for outside emotional services were posted in common areas. Offenders have confidential access to these services in many different avenues; by virtue of the facility type, most are in possession of unmonitored cell phones and/or are able to leave the facility.

Only some staff and offenders were aware of these services. Being so early in their journey with PREA compliance, efforts should be made to increase awareness, availability, and accessibility of these services.

RHP does not have an MOU in place with the local emotional support provider. RHP reported that the local provider is willing and able to provide services to RHP offenders like any other community member, though they were not interested in entering into an MOU. Auditors spoke to the Director of the local provider who did not allude to having specific communications with RHP, but did corroborate that the services would be available to RHP offenders as they would for any community member.

Recommendation:

Increase awareness of outside emotional support services and the availability and accessibility of said services.

Corrective Action:

1. Provide auditors with documentation of efforts to enter into an MOU with the local provider.

UPDATE 11/25/15:

1. RHP has established an MOU with True North, the local sexual abuse provider. Auditors were provided the MOU to review. The phone number and mailing address is available to residents now and is provided in the Intake Packet. This provision is satisfied.

Standard 115.254 Third-party reporting

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

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

Policy Review:

RHP PREA Policy and Participant Rules of Conduct assert that third parties can report and that all allegations will be investigated and handled in the same prompt manner.

Interviews, Document Review, and Site Tour:

Staff and offenders were aware that third parties could report allegations. Interviews with the PREA Coordinator and other specialized staff indicated that they would be investigated and handled in the same prompt manner. It seems more of an implication that third parties can report at any time to any member of staff or administration.

Reporting information is posted in common areas, theoretically, for visitors/third parties to view.

Recommendation:

Policy language and publicly posted information could be strengthened by specifically stating, "This is the way a third party can report sexual abuse or sexual harassment of an offender..." or something to this effect. This information is also well suited for your website where it is easily accessible by all third parties.

Standard 115.261 Staff and agency reporting duties

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

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

corrective actions taken by the facility.

Policy Review:

RHP (PREA) Staff and Agency Reporting Duties policy speaks specifically to provisions (a), (b), and (e) of this standard.

RHP PREA Policy P10 addresses provision (c), "Medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect pursuant to this section. This information shall be provided to offenders, in writing, at the initiation of services."

Provision (d) is not applicable as RHP is not eligible to house offenders under the age of 18.

Interviews, Document Review, and Site Tour:

Through interviews with random and specialized staff, auditors found that practice was congruent with policy, in relation to this standard. All staff articulated their duty to report knowledge, suspicion, or information related to sexual abuse or sexual harassment of offenders, as well as not revealing information about a report other than to the extent necessary. It was evident that all reports are directly referred to the Security Director for investigation.

The one report that occurred during the reporting period demonstrated this practice.

In relation to (c), auditors interviewed a mental health staff who reported that he believed offenders were informed of the limitations of confidentiality at intake; he did not does not do it personally. RHP provides no medical services and does not employ mental health staff. These services are provided by the placing agency and varies depending on what that placing agency is. This mental health staff reported that he provides some mental health services, but only to federal clients (BOP, USPO, Drug Court). Because RHP does not directly provide these services, that (c) is beyond the scope of their obligations. Offenders are informed of staff reporting requirements in general.

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.

Policy Review:

RHP (PREA) Staff and Agency Reporting Duties policy speaks to this standard.

Interviews, Document Review, and Site Tour:

The duty to immediately protect an offender at risk of imminent sexual abuse was corroborated in all interviews. Although, the one investigative report that auditors reviewed was not that of imminent sexual abuse, the offenders were separated immediately.

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.

Policy Review:

RHP (PREA) Staff and Agency Reporting Duties policy states, "Staff must report any information regarding knowledge of any offender who was sexually abused in another confinement facility. The Executive Director shall notify the head of the other agency and the offender's referral source no later than 72 hours after learning of the incident."

RHP (PREA) Staff and Agency Reporting Duties policy also asserts, "Any employee, resident, or third party who has reasonable cause to know or to suspect that a resident has been subject to physical or sexual abuse or who has observed the offender being subjected to circumstances of physical and sexual abuse shall immediately report or cause to be reported such situation to the RHP Executive Director, Security Director and PREA Coordinator and Law Enforcement (if allegations of criminal offense). The Security Director will make all other necessary notifications. All reports documenting the incident shall be sealed and secured by the RHP PREA Coordinator."

Interviews, Document Review, and Site Tour:

Interviews with the Executive Director, PREA Coordinator, and Security Director indicated that practice is congruent with this policy language. There were no such incidents during the reporting period for auditors to confirm this practice.

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.

Policy Review:

RHP (PREA) Staff and Agency Reporting Duties policy adequately outlines staff first responder duties.

Regarding (b), any staff, contractor, or volunteer is subject to these first responder duties.

Interviews, Document Review, and Site Tour:

Interviews indicated that staff had just been provided PREA training within a few days of the on-site audit. Most staff were able to articulate, upon receipt of a report, they would separate the offenders and protect the crime scene. However, staff did not report that they would make efforts to prevent the alleged victim and abuser from destroying physical evidence.

In the one allegation that auditors reviewed, the first responder was a security staff member and it did not warrant the collection of evidence or the preservation of physical evidence.

Recommendation:

Shore up training to ensure all staff are aware of their duty to ensure the alleged victim and abuser do not destroy physical evidence. In doing so, staff should prevent the alleged victim and abuser from washing, showering, brushing teeth, change clothes, urinating, defecating, smoking, drinking, or eating.

Standard 115.265 Coordinated response

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

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

Policy Review:

RHP PREA Policy P10 outlines the Coordinated Response, as:

"Coordinated Response [DOJ § 115.65]

In an effort to ensure that the victim receives the best possible care and that investigators have the best chance of apprehending the perpetrator, RHP will coordinate the following:

- (1) Assess the victim's acute medical needs.
- (2) Inform the victim of his/her rights under relevant Federal and State law.
- (3) Explain the need for a forensic medical exam and offering the victim the option of undergoing one.
- (4) Offer the presence of victim advocate or qualified staff member during the exam.
- (5) Provide crisis intervention counseling.
- (6) Interview the victim and any witnesses.
- (7) Collect evidence.
- (8) Provide for any special needs the victim may have."

Interviews, Document Review, and Site Tour:

Upon review of the coordinated response, the fundamentals of the plan are accounted for, although auditors feel it is not comprehensive enough and should be strengthened. Ideally, the coordinated response should specifically guide staff through their responsibilities in the event of an allegation of sexual abuse or sexual harassment.

Corrective Action:

1. Expound on the Coordinated Response to include, at minimum:
 - a. the required notifications (i.e. to leadership, investigators)
 - b. specific staff responsibilities pursuant to an allegation
 - c. the preservation of evidence in relation to both the alleged victim and the alleged abuser.

UPDATE 11/25/15:

1. RHP has incorporated a Coordinated Response in the RHP PREA Policy, which includes required notifications, staff responsibilities (i.e. who is charged with the responsibility of each step), and the preservation of evidence on both the victim, abuser, and crime scene. This is re-iterated through the policy. The RHP PREA Coordinator also provided auditors with an PREA Allegation Event Notification Checklist, which outlines steps to take and document in response to an allegation, notifications to make, services to offer, etc. This checklist goes into great detail and is a great tool.

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

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

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

N/A. RHP is not involved in any collective bargaining agreement.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy Review:

RHP PREA Policy P10 addresses, "Protection from Retaliation" and specifically speaks to provisions (a), (b), (c), and (d).

Provisions (e) and (f) are not specifically addressed in policy.

Interviews, Document Review, and Site Tour:

The PREA Coordinator is primarily responsible for monitoring retaliation and she articulated those responsibilities well during interviews. Auditors were provided documentation of retaliation monitoring for the one report that occurred during the reporting period. This monitoring included in-person status checks that were documented. In terms of (b), policy dictates the use of multiple protection measures. In practice, it was reported that, in general, any issue of sexual abuse or sexual harassment will result in the immediate removal of the alleged abuser from RHP.

Recommendation:

Make the retaliation monitoring more of a formal/structured process, using a spreadsheet (or the like) for tracking purposes and include the items that are monitored such as housing changes or transfers, disciplinary review, etc.

Standard 115.271 Criminal and administrative agency investigations

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

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

Policy Review:

RHP PREA Policy P12 covers "Investigation of Incidents," and states, "an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment" and that they "are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior."

Provisions (a), (e), (f), (h), (i), (j), (l) are all specifically addressed in RHP PREA Policy P13.

Provisions (b), (c) are not included in policy; do not mandate specialized training or the gathering of direct and circumstantial evidence.

Interviews, Document Review, and Site Tour:

RHP conducts administrative investigations, which are spearheaded by the Security Director. Criminal investigations are conducted externally by law enforcement. Administrative investigations are generally conducted by the Security Director and the PREA Coordinator. Neither has received specialized training. Auditors suggested the use of the online NIC course for this specialized training.

The "Investigation of Incidents" policy language does not include the gathering and preservation of evidence, the interviewing of alleged victims/perpetrators, or review of prior complaints and reports as specified in provision (c) of this standard. Information obtained through interviews was unclear also, in regard to whether this is implemented in practice. Auditors noted there was no investigative manual or anything that guides or outlines this in practice.

Provision (d) is not applicable to RHP since they do not conduct criminal investigations. It would be the obligation of the external investigating entity to consult prosecutors prior to conducting compelled interviews.

Pursuant to (e), the credibility of offenders does not seem to be determined by their status and under no circumstances are polygraph exams utilized.

Policy language addresses (f), though, there doesn't appear to be anything in practice that assures the following is considered: 1) whether staff actions contributed to the abuse or 2) reports include description of evidence, reasoning behind credibility assessments, investigative facts and findings. In addition, the one investigation reviewed by auditors did not demonstrate that this occurs in practice.

Provision (g) is not applicable since RHP does no criminal investigations.

Interviews and document review indicated that substantiated allegations are referred for prosecution. There were no investigations referred for prosecution during the reporting period.

Interviews supported that provisions (i), (j), and (l) are implemented in practice.

Corrective Action:

1. The Security Director and PREA Coordinator, and any other staff that conduct administrative investigations, shall receive specialized training for investigators, pursuant to 115.234.
2. Enhance policy and practice by outlining the investigative process; specifically to include: whether staff actions contributed to the abuse and that reports are to include description of evidence, reasoning behind credibility assessments, investigative facts and findings, etc.

UPDATE 11/25/15:

1. Auditors were provided verification that both the PREA Coordinator and the Security Director had attended specialized training for conducting sexual abuse investigations in confinement. These two staff are the only ones who conduct investigations, which was evident by reviewing records. This training was delivered by the Missouri Department of Corrections specifically to meet the requirements of this standard. This provision is satisfied.
2. RHP PREA Coordinator provided auditors with a revised RHP SOP to review. The revised SOP, page 14, more specifically outlines the investigative process and what entity holds which responsibility. This information is also posted on the RHP website and was verified by auditors. The link to the website is: www.realityhouse.org. This provision is satisfied.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Policy Review:

RHP PREA Policy P13 addresses this standard.

Interviews, Document Review, and Site Tour:

Through interviews, it was reported to auditors that a standard no higher than preponderance of the evidence is imposed in determining whether an allegation is substantiated.

Recommendation:

Include the definitions of substantiated, unsubstantiated, and unfounded in policy and ensure it is conveyed to staff that conduct investigations, to ensure it is implemented in practice. The one investigation reviewed by auditors was disposed as unfounded, though, it wasn't evident from

the information provided that this disposition was warranted. To meet the definition of unfounded means that it was investigated and determined not to have occurred, while an unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Standard 115.273 Reporting to 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.

Policy Review:

RHP PREA Policy P13 addresses each provision of this standard.

Interviews, Document Review, and Site Tour:

Interviews and document review confirmed that this policy language occurs in practice as well. There was one investigation during the reporting period. It was an offender-on-offender allegation and auditors were provided with documentation of the notification in that case. The notification is done using a Notice of Investigative Findings form. There were no staff-on-offender allegations and there were no external investigations conducted during the reporting period.

Recommendation:

Include on the form definitions of substantiated, unsubstantiated, and unfounded, so offenders are aware of what the disposition means. Currently the form lists only Unfounded or Unsubstantiated with a definition for unsubstantiated as, "not enough evidence of sexual abuse, assault, or harassment," which could be received as invalidating for a victim. It is encouraged to amend that definition to "investigation produced insufficient evidence to make a final determination as to whether or not the event occurred" as cited in the PREA standards.

Standard 115.276 Disciplinary sanctions for staff

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

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

Policy Review:

RHP PREA Policy P15 as well as RHP Personnel Policy P7&8 addresses disciplinary sanctions for staff.

Interviews, Document Review, and Site Tour:

It was sufficiently reported that staff are subject to discipline up to and including termination for violating policy regarding sexual abuse and sexual harassment of offenders and that termination is the presumptive discipline for engaging in sexual abuse. There were no staff during the reporting period that violated, were disciplined, or were terminated for violating policy regarding sexual abuse or sexual harassment of offenders. There were no allegations involving staff with which to review and confirm, or dispute.

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.

Policy Review:

RHP PREA Policy P8 as well as RHP Personnel Policy P15 addresses corrective action for contractors and volunteers. Policy prohibits any contractor or volunteer who engages in sexual abuse or sexual harassment from having contact with offenders.

Interviews, Document Review, and Site Tour:

There were no reports of contractors or volunteers engaging in sexual abuse or sexual harassment. Interviews with administrative staff were consistent with the policy language.

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.

Policy Review:

RHP PREA Policy P15 speaks to disciplinary sanctions for offenders; provisions (a)-(f).

Interviews, Document Review, and Site Tour:

The Participant Manual given to offenders outlines the disciplinary sanctions in regard to sexual abuse and sexual harassment. RHP does prohibit sexual contact between offenders.

It was reported that on a case by case basis, offenders may be offered therapy, counseling, or other interventions designed to address underlying reasons for abuse. RHP does not employ mental health staff. Those services would vary and would be dependent on the placing agency.

The PREA Coordinator reported that generally any issue relating to an offender engaging in alleged sexual abuse or sexual harassment would result in the immediate removal of that offender from RHP.

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)

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy Review:

There is no policy that speaks to medical or mental health services, though, RHP PREA Policy P11 asserts that treatment services will be provided without cost to the offender.

Interviews, Document Review, and Site Tour:

RHP does not employ medical or mental health providers.

Although, there were no incidents during the reporting period that warranted emergency medical or mental health, RHP does ensure that offenders are offered timely emergency medical and mental health treatment. Generally mental health is sought and provided externally to RHP by the placing agency, but crisis intervention is available through True North.

Provision (b) is not applicable since RHP does not have medical or mental health staff on duty.

Regarding (c), offenders would be offered information and access to emergency contraception and STI prophylaxis pursuant to a SAFE and in conjunction with their placing agency.

Treatment services are provided at no cost to the offender.

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

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

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

Policy Review:

RHP PREA Policy P11 addresses provisions (a)-(g).

Interviews, Document Review, and Site Tour:

Pursuant to (h), RHP does not employ mental health staff and would not conduct evaluation on known offender-on-offender abusers. Mental health services are dictated and arranged by the placing agency. In addition, known offender-on-offender abuser would not likely be eligible for placement at RHP. Upon learning of an offender-on-offender abuser, that offender would be removed from RHP.

Offenders have essentially unlimited access to contact the emotional support services that are posted around the facility. That access can occur via the facility phone or cell phones possessed by offenders.

Standard 115.286 Sexual abuse incident reviews

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

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

Policy Review:

RHP PREA Policy P14 contains the verbiage of this standard.

Interviews, Document Review, and Site Tour:

RHP does conduct incident reviews; documented on an After Action Report. The After Action Report does not account for the requirements listed in provision (d) of this standard. Additionally, it seems that in practice the PREA Coordinator generally completes the After Acton Report on her own. Provision (c) requires the involvement of investigators, input from line supervisors, medical and mental health. It would be infeasible for medical and mental health to be involved since RHP does not employ them.

There were no incident reviews conducted during the reporting period as there were no substantiated or unsubstantiated investigations. There was one investigation reviewed by auditors and though it was unfounded, auditors weren't clear about the justification for the unfounded disposition. From the information presented, unsubstantiated may have been a more appropriate disposition. In this case, an incident review would have been warranted.

Corrective Action:

1. Implement a form and process that accounts for each requirement of 115.286(d).
2. Include investigators and input from line supervisors in addition to the PREA Coordinator and/or other upper management.

UPDATE 11/25/15:

1. RHP PREA Coordinator has created and implemented a PREA Sexual Abuse/Sexual Harassment Debriefing form which accounts for all the required elements, but also goes beyond that to include other relevant factors such as: was the coordinated response correctly initiated, referral to medical/mental health, did the alleged victim and abuser share a room, was their housing and room assignment in accordance with procedure?
2. The Security Director and PREA Coordinator are involved in each debriefing. Line supervisors and/or other upper management should be included as pertinent for these debriefings.

Standard 115.287 Data collection

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

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

Policy Review:

RHP PREA Policy P17 speaks to each provision of this standard and asserts that the PREA Coordinator is charged with the collection of said data.

Interviews, Document Review, and Site Tour:

The pre-audit documentation indicated and the PREA Coordinator reported that she does collect and aggregate data at least annually.

However, no data was provided for review pre-audit or on-site to demonstrate that this occurs.

Provision (e) is not applicable as RHP does not contract with private facilities.

Provision (f) is not applicable as DOJ has not requested data.

Corrective Action:

1. Provide aggregated data for auditor review as well as the completed Survey of Sexual Victimization (if applicable).
2. Demonstrate that data is maintained, reviewed, and collected, as needed, from incident-based documents, reports, investigative files, and incident reviews, etc. (115.287 (d))

UPDATE 12/10/15:

1. RHP PREA Coordinator provided aggregated data for auditor review and is also now included in the annual PREA Report and posted on the RHP website at: www.realityhouse.org. RHP provided the completed 2014 Survey of Sexual Victimization for review.
2. Auditors verified that the data is maintained, reviewed, and collected by the RHP PREA Coordinator. This data is generated from investigations, reports, and incident-based documents.

Standard 115.288 Data review for corrective action

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

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

Policy Review:

RHP PREA Policy P18 addresses the requirements of this standard.

Interviews, Document Review, and Site Tour:

RHP has not yet created an annual report, but has the needed policy language to dictate this process.

Corrective Action:

1. Use collected data to improve and assess your PREA compliance efforts, identify problem areas, documents corrective actions, and create an annual report that of these findings.
2. Ensure the annual report includes a comparison of of data with previous years and addresses the agency's progress.
3. Ensure the annual report is published on your website.
4. Provide the annual report to auditors for review.

UPDATE 12/10/15:

1. RHP PREA Coordinator has created RHP's first Annual PREA Report and has provided it for auditor review. This report thoroughly documents the compliance efforts, problem areas, and corrective actions to date.
2. As this is RHP's first Annual PREA report, there are no previous years with which to compare, though moving forward, RHP will need to ensure this happens.
3. RHP has placed the Annual PREA Report on their website and has been verified by the auditors. The website is: www.realityhouse.org
4. The Annual PREA Report was provided for auditor review prior to being posted on the website and upon being posted.

Standard 115.289 Data storage, publication, and destruction

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

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

Policy Review:

RHP PREA Policy P18 states, "RHP PREA Coordinator shall be responsible for securely maintaining all data collected, and annually publishing all aggregated sexual abuse data. Personal identifiers shall be removed prior to publication. All sexual abuse data collected shall be retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise."

Interviews, Document Review, and Site Tour:

Through interviews with the PREA Coordinator, it was evident that data is securely retained and is strictly limited.

Data was not available on the agency website, as required in provision (b).

Corrective Action:

1. Make sexual abuse data readily available to the public via the RHP website. Remove personal identifiers prior to placement on website.

UPDATE 12/21/15:

1. RHP's sexual abuse data has been placed on their website at: www.realityhouse.org . The PREA Coordinator has placed the PREA Annual Report which contains the data. Auditors have verified this by viewing the updated website at the above link.

AUDITOR CERTIFICATION

I certify that:

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

Talia Huff & Ray Reno _____

January 11, 2016 _____

Auditor Signature

Date