

PREA Facility Audit Report: Final

Name of Facility: Gentry Residential Treatment Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/05/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 04/05/2023

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	03/08/2023
End Date of On-Site Audit:	03/09/2023

FACILITY INFORMATION	
Facility name:	Gentry Residential Treatment Center
Facility physical address:	2001 DYS Drive, Cabool, Missouri - 65689
Facility mailing address:	

Primary Contact	
Name:	Alicia Otwell
Email Address:	Alicia.Otwell@dss.mo.gov
Telephone Number:	(417) 962-4344

Superintendent/Director/Administrator	
Name:	Alicia Otwell
Email Address:	Alicia.Otwell@dss.mo.gov
Telephone Number:	(417) 962-4344

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	22
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	15-18 years old
Facility security levels/resident custody levels:	Moderate Secure
Number of staff currently employed at the facility who may have contact with residents:	29
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Missouri Division of Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	3418 Knipp Drive, Suite A-1, Jefferson City, Missouri - 65109
Mailing Address:	
Telephone number:	5737513324

Agency Chief Executive Officer Information:	
Name:	Scott Odum
Email Address:	scott.odum@dss.mo.gov
Telephone Number:	5737513324

Agency-Wide PREA Coordinator Information			
Name:	Judy Parett	Email Address:	judy.parrett@dss.mo.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

6

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.331 - Employee training
- 115.333 - Resident education
- 115.341 - Obtaining information from residents
- 115.342 - Placement of residents
- 115.354 - Third-party reporting

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-08
2. End date of the onsite portion of the audit:	2023-03-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Children Advocacy Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	22
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>29</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>18</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed resident from both of the living units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire. 0</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to selecting random residents, the medical administrator, mental health staff, education director, facility administrator and I met in the conference room and discussed each resident. The staff were extremely aware of the population dynamics. As part of the intake process, staff contact the youth guardian and ask questions about the information found in the targeted population questionnaire.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<h2>Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>17</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

During the comprehensive tour of the facility, posted signs were also observed regarding Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, Children Advocacy Center telephone number and address, National Sexual Abuse Hotline, Sexual Abuse Hotline and 911. There was also a flyer that included calling 911 in an emergency. Posting included PREA brochure, End the Silence, and additional PREA posters identified in the standards. There is an office that is utilized by the resident to make these phone calls. The resident's attorneys and parent can utilize this same phone in emergency or legal information. The auditor called all the above numbers from a telephone that is in office area. All telephone calls were answered. The Children Advocacy Center staff requested if the call was to report an allegation or to talk to an on duty emotional support staff. Residents were observed interacting with staff under staff's direct supervision during dinner time, leisure activities, and education activities in the classrooms. Resident were interview during the tour, and additionally when the resident's recreation time when the auditor went on the yard and talked informally with the residents. All resident indicated they felt safe at the facility. Resident knew the facility administrator and indicated he speaks with them on a daily basis including most weekends. Staff were engaging with the auditor. Several of the staff have been at the facility from the first implementation of PREA and provided a historical perspective of how the facility had implemented PREA into a corner stone of training and programming. The first PREA audit of the facility was in 2014. A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Administrator makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. The intake area is located in the rear of the center. When the resident arrives

staff bring the resident folder which includes a suicide risk assessment and Victimization Screening Instrument in a sealed envelope. The screening staff, medical and mental health staff are notified prior to receiving the residents and go to the intake area to begin the intake process. The screening staff review the screening instrument and usually completes another screening during the process. Staff then discuss the film, PREA brochure and general discussion about PREA. The mental health staff interview the residents and review and update the suicide screening instrument. The mental health staff will interview the resident about victimization and offer services to the residents at that time. The clinical director and some of the therapist review the intake orders for appropriate placement of the residents. Medical Staff conduct a nurse appraisal and ask some of the same questions found on the PVIR.

The facility is clean, in good repair, and well maintained. DYS staff, both male and female supervise in the bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in the bathroom area providing awareness supervision. Staff and youth interviews verify this procedure. The facility does not have a surveillance system in place. DYS staff are trained to maintain awareness supervision, therefore "blind spots" should be minimal. When staff cannot see a youth they are to reposition themselves so they can have full awareness supervision.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Administrator makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and

address and Missouri Youth Services PREA hotline.

The program is located on 14 acres of land and includes the main building, vocational shop, maintenance building, and other storage and utility buildings. The main building includes administrative offices; medical office; kitchen and dining area; library; two classrooms; large conference room; and storage closets. The two housing dormitories are on the west wing of the building and the other on the east wing. In each wing of the dormitory area are a treatment or dayroom area; bathroom and showers; laundry room; and the Group Leader's office. The dormitory restroom areas included curtained showers and toilet stoles that include doors for privacy. The shower and toilet area provide privacy for resident to shower, change cloths and utilize the restroom. The acreage provides for various outside physical education, recreation and leisure activities.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor requested some specific and some random files for employees. This information was furnished by DYS office of personnel as all personnel files are maintained in central office. Twelve residential records were reviewed. Included in the review was age, date of arrival, date of initial PREA orientation, date of comprehensive PREA training, initial vulnerability screening and rescreening as needed based on staff interactions, allegations of sexual harassment or sexual abuse. A review of the residential records also included resident referrals for mental health or victim advocate programs. All time requirements were met on each area. The auditor requested PREA unannounced rounds for specific weeks that are conducted by intermediate and supervisory staff. The rounds were for weekends and at night and included a general description of PREA standards. It also included a test of telephones. There was one investigative report to review. The investigative report was limited as it is ongoing. The auditor reviewed 12 resident training files. The auditor reviewed 10 staff files.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations in the last three years.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The one allegation of sexual abuse was in the preliminary stages of the investigation by law enforcement and Out of Home Investigators. The facility or agency has not conducted any administrative investigations as it appears the allegation is criminal in nature.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
Identify the name of the third-party auditing entity	Correctional Management and Communication Group

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Division of Youth Services Org Chart</p> <p>Division of Youth Services (DYS) Policy 9.18 PREA</p> <p>Division of Youth Services Policy 3.8 Employee Conduct</p> <p>DYS Policy 3.23 Ethical Standards - Employee/Youth Relationships</p> <p>Gentry Treatment Center Org. Chart</p> <p>DYS Policy 9.28 Developing Relationships</p> <p>115.311 (a): Division of Youth Services Policy 9.18 Prison Rape Elimination Act provides direction to staff regarding the facility’s approach to preventing, detecting, and responding to conduct that violates the zero tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in Policy. It also includes sanctions for those found to have participated in the prohibited behaviors. The facility has additional policies which support the PREA standards. The DYS agency Policy, DYS Policy 9.18 PREA serves as the overarching PREA Policy for the contract facilities. The Missouri Division of Youth Services is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The policy establishes that all facilities, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Gentry Treatment Center’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interviews with clinical staff, the center has not only embraced PREA mandates but have adapted PREA standards and culture into the program model. It is the policy of Gentry Treatment Center that all sexual activity between residents is prohibited and may result disciplinary action for such activity. Incidents by youth in which youth may engage in sexual contact with staff such as unwanted touching, the youth may receive programmatic sanctions. For the purpose of disciplinary action, a report of sexual abuse made in</p>

good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.311 (b): Missouri Division of Youth Services employees a PREA Coordinator that oversees the efforts to comply with the PREA standards in all Juvenile Facilities under the umbrellas of Division of youth Services. The PREA coordinator that reports to the Division Director indicated he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Compliance managers that indirectly report to the PREA coordinator. The PREA coordinator spends several days each month at the Gentry Treatment Center. In interview with the facility administrator, it was evident that she is aware of PREA standards and self-audits the facility on a regular basis for compliance with PREA standards.

115.311 (c): The Facility Administrator serves as PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. Interviews with the staff and residents at the facility ensures that the center provides training to residents, staff, parents, volunteers, and contractors. All residents have a treatment plan developed based on mental health evaluation, screening instrument and input with parents. During this process family members are encouraged to have resident share concerns about sexual abuse or sexual harassment. Interview with resident and staff verified that all persons at the center undergo training on a monthly basis with monthly staff meeting and monthly town hall meeting with residents. The resident's interview indicated a safety plan is part of their treatment plan and on a weekly basis they meet with their assigned group leader who ask them about the feeling of safety. The treatment plan is updated once a month and includes part of the questionnaire utilized for the PREA Vulnerability Information Review (PVIR). A review of past audits, the Missouri Division of Youth Services, conversations with the victim advocate program, and in interviews with staff and residents the facility has developed a sexually safe environment for residents and staff.

Exceed compliance was determined by review of the organizational chart and interviews with the PREA coordinator, PREA compliance manager, staff and residents at the facility.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>PREA Contract Language</p> <p>PREA Contract and Monitoring Auditing</p> <p>Division of Youth Services Contract Language</p> <p>State of Missouri Department of Social Services Contract Amendment: FY23 Contract Renewal Reception and Detention</p> <p>DYS Policy 9.18 PREA</p> <p>Division of Youth Services Contracts include specific information to the contractors of the requirements by the Division of Youth Services to comply with the PREA Standards and participate in PREA audits. The practice was also confirmed by completed PREA audit reports for this facility and other contract sites.</p> <p>DYS presently has 12 contracts for housing residents. A review of the contract had the following section in each Contract reviewed.</p> <p>3.4 Prison Rape Elimination Act (PREA):</p> <p>3.4.1 The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.), and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by the state agency.</p> <p>3.4.2 The contractor shall, in cooperation and collaboration with the state agency, and in addition to “self-monitoring requirement,” assist with compliance monitoring which could be announced or unannounced, and includes “on-site” monitoring.</p> <p>3.4.3 The contractor shall fully cooperate and collaborate with the state agency on any and all audits required under PREA.</p> <p>Based on review of the contracts, previous PREA audits reviewed and interviewed with the Agency Contracting Director the agency is in compliance with this standard. Gentry does not contract for services so is not applicable for this standard as a center.</p>

115.313	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 624 492">Staff to youth ratio docs</p> <p data-bbox="280 528 560 564">Unannounced Tours</p> <p data-bbox="280 600 767 636">DYS Policy 9.18 PREA Section IIIA2</p> <p data-bbox="280 672 970 707">DYS Policy 9.6 Program Supervision Sec.IIIA1 & 2</p> <p data-bbox="280 743 533 779">Monthly Schedule</p> <p data-bbox="280 815 639 851">Youth Daily Rosters PREA</p> <p data-bbox="280 887 619 922">Pre-Audit Questionnaire</p> <p data-bbox="280 958 715 994">Master Roster W Position-2022</p> <p data-bbox="280 1030 692 1066">Staffing Plan - PREA 2022 (2)</p> <p data-bbox="280 1102 639 1137">Staffing Plan - PREA 2021</p> <p data-bbox="280 1173 751 1209">Facility Staffing Plan - PREA 2020</p> <p data-bbox="280 1245 592 1281">Unannounced Rounds</p> <p data-bbox="280 1317 1458 2065">115.313 (a): Each year the facility reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan’s annual reviews conducted in October 2022 were found to be in compliance with this standard. The staffing plan included: 1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility’s physical plant (including “blind spots” or areas where staff or youth may be isolated). (6) The composition of the youth population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did not report deviations from the staffing plan during the past 12 months. According to the PAQ the staffing plan is based on 24 youth. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities review all areas of the center for additional staffing based on youth movement in order to meet the requirement of</p>

this standard. The direct care staff were noted to be located throughout the center during the tour. At least once every year, the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with the staffing plan.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to pay overtime and utilize some non-essential staff in order to provide staff that ensured appropriate staff were available to meet the mandatory posts.

115.313 (c) Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The facility's plan strives to maintain staffing ratios of a minimum of 1 staff to 6 youth during youth waking hours and 1 to 8 during youth sleeping hours. The facility has not had in deviation in the ratios mandated by DYS Policy 9.18. The facility has a hold over and overtime pay program to provide coverage as required. Staff interviewed indicated they are not allowed to abandon their post until properly relieved.

115.313 (d): DYS Policy 9.18 PREA mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly.

115.313 (e): The Facility administrator and PREA compliance manager conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of GRTC that staff are not to inform other staff when the shift supervisor, facility manager or regional administrators are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three-week excluding weekends. Shift supervisor had signed the logbooks on each day including weekends. DYS has developed on PREA form that is utilized to conduct daily, weekly and monthly unannounced rounds by administrative staff.

Throughout the audit the auditor made rounds throughout the facility. The ratio during the daytime was one to four on each visit. One tour for the the overnight shift, the ratio was 1 to 6 with the exception of one living unit which as 1 to 7.

Compliance was determined by review of policies, documentation, and interview with staff. During the audit the auditor visited all areas of the facility throughout the audit. During the visit the auditor counted the number of youth and number of staff in each area. The facility exceeded the requirement of youth to staff ratios during each visit.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 5.8 Searches for Contraband</p> <p>DYS Policy 9.18 PREA</p> <p>DYS Policy 9.6 Program Supervision</p> <p>DYS Policy 7.2 Standards</p> <p>Female and Male Announcements</p> <p>Training on Cross gender -gender</p> <p>115.315 (a): Based on interviews with staff and youths there have been no cross-gender pat down searches in the last 12 months. DYS Policy 5.8 Searches for Contraband provides that when necessary and with approval of the appropriate supervisor, a search may be conducted by a physical pat of youth's body, through the outer clothing. Youth interviewed indicated they have not been pat searched or striped search while at GRTC.</p> <p>115.315 (b): Search Procedures mandates the facility always refrain from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All youth interviewed stated they had never been searched by a staff of the other gender.</p> <p>115.315 (c): The facility had no youth that claimed to be transgender prior to the interviews. According to the PAQ there were no cross-gender searches during the last 12 months.</p> <p>115.315 (d): A tour of the center found that all areas that are utilized for housing youths have necessary barriers to allow youth to shower without being viewed by person of the opposite gender and privacy from other youths during the showering process. All youth stated they are allowed to change clothes and shower in private. There are reminders poster placed at the entrance of each housing unit that staff will announce their presence when entering the housing unit. Staff and youth confirm that staff announce their presence.</p> <p>115.315 (e): Agency policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a youth's genital status is unknown, the facility determine genital status during conversations with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p>

115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner.

Compliance was determined by review of policies and interview with youth and staff.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Zero Tolerance Poster English- Spanish</p> <p>English and Spanish Third-Party Posters</p> <p>PREA Posters</p> <p>DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures</p> <p>DYS Policy 8.3 Individual Education Program - Special Education</p> <p>DYS Policy 9.18 PREA</p> <p>Corporate Translation Services, Inc.</p> <p>Global Interpreting Network, Inc.</p> <p>Linguistica International Inc.</p> <p>Master Word Services, Inc.</p> <p>Voiance Language Services, LLC</p> <p>SIGN LANGUAGE INTERPRETATION SERVICES - STATEWIDE CS211867001 through CS211867009</p> <p>115.316 (a)(c): DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures and DYS Policy 8.3 Individual Education Program - Special Education mandate facilities will ensure that youths with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary to ensure effective communication with youths who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. GRTC will ensure that all written materials to every youth is in format or through methods that ensure effective communication with youths with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Facilities will not rely on youth, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the</p>

investigation of the youth's allegations. Any use of these interpreters under these type circumstances will be justified and fully documented in the written investigative report. Youths receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The facility has a cartoon style training book that is used to explain PREA to youths. The comprehensive education is accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the youths who have limited reading skills. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource.

Gentry Residential Treatment Center will take such steps to provide reasonable accommodations as are necessary to ensure that disabled persons, including those with impaired sensory, hearing or speaking skills receive effective notice concerning benefits, services, or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/certified interpreters provided under contractual service without cost to the person being served.

Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used to translate.

115.316 (b): The facility has a contract for language services including sign language services. Staff would read all information required for an orientation into the facility and the comprehensive PREA training for youths that can't read. All of the youths interviewed were able to articulate the training programs, recalled the intake process and felt safe at the facility. At the time of the audit there were no youths that required additional resources to receive training, reporting, or other communication requirements. Whenever communication accommodations are needed, the facility administrator and education staff is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth.

The center has a proactive special education program that includes 504 plans for any youth that may be in need of auxiliary services to communicate effectively with staff or other youth.

Compliance was determined by review of policy, language line contract, and interviews with clinical supervisor director, education staff, facility administrator.

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 580 492">DYS Policy 9.18 PREA</p> <p data-bbox="280 533 580 568">Employee Handbook</p> <p data-bbox="280 609 1461 882">Agency policy prohibits hiring or promoting anyone who may have contact with residents who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility or other institution (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threat of force, or coercion or if the victim did not consent or was unable to consent or refuse (3) Has been civilly or administratively adjudicated to have engaged in the activity described above.</p> <p data-bbox="280 922 1078 958">DSS Policy 2-107- Applicants for employment/Placement</p> <p data-bbox="280 999 1254 1034">DSS Policy 2-107 Section: Background Checks under Criminal Record</p> <p data-bbox="280 1075 1484 1975">115.317 (a): DYS shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who. 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 4. DYS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth. DYS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. DYS shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DYS. In order to accomplish this task all personnel files and background checks are conducted by the Agency's Central office. The Background Check Email Clearance Notification to facility:</p> <ul data-bbox="280 2016 1382 2092" style="list-style-type: none"> · Facility submits hiring recommendation or request to initiate volunteer/contractor services along with application and reference checks to DYS HR for

approval.

- DYS HR sends approval for Facility to send the applicant for fingerprints
- Background check results are received and reviewed by DYS HR
- DYS HR sends a clearance email to the facility notifying them they that the applicants background check is complete and the applicant is cleared to begin work/ providing services.

Agency policy requires that before it hires any new employees who may have contact with residents, it (a)conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115317 (b): The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.317 (c): Agency policy requires that before it hires any new employees who may have contact with residents, it (a)conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any past history of sexual abuse, sexual harassment including sexual harassment toward other staff.

115.317 (d): DYS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

115.317 (e): DYS shall conduct background checks or alternative background checks on all staff, volunteers, interns, and contractors yearly.

115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal.

115.317 (g): DSS Policy 2-107 Section: Background Checks under Criminal Record mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal Charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. Policy states the information would be provided when requested unless it is prohibited by law to provide the information.

Based on the review of the documentation and the interview with the Facility Administrator, and Human Resources staff the facility is in compliance of all provisions of this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There have been no upgrades or expansion of the physical plant since the last update. There were no other needs noted in the yearly review for staffing or monitoring.

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 584 492">DYS Policy 9.18 PREA</p> <p data-bbox="280 533 707 568">2022 SAFE-CARE Provider List</p> <p data-bbox="280 609 804 645">Agreement with The Victim’s Center</p> <p data-bbox="280 685 1185 721">Missouri Division of Professional Registration (Victim Advocates)</p> <p data-bbox="280 761 1452 837">Memorandum from Jennifer Hanes Statewide PREA Coordinator RE: PREA Standard 115.321 (f)-1 DYS external investigation agencies DATE: February 16, 2022</p> <p data-bbox="280 878 555 913">PREA Youth Posters</p> <p data-bbox="280 954 1452 1133">115.321 (a): Investigating PREA Allegations policy and guidelines establishes that the evidence protocol to be utilized in sexual assault cases involving youths to be developmentally appropriate and to mirror the U.S. Department of Justice Office of Violence Against Women’s “A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents.”</p> <p data-bbox="280 1173 1477 2002">115.321 (b): and (F): The Department does not conduct criminal or administrative Investigation of Sexual Abuse or Sexual Harassment. investigations for youth related sexual abuse reports. Local Law enforcement, Out of Home Investigator investigate youth allegations that are criminal and Division of Legal Services Investigator and local law enforcement conduct criminal investigation for youth over the age of 18. The Out of Home Investigator or Legal Services conducts administrative investigation and management reviews as part of the investigations or separate and apart for a criminal investigation. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility’s protocol for obtaining usable physical evidence if a youth alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="280 2042 1452 2078">115.321 (c): The agency shall offer all youths who experience sexual abuse access</p>

to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility does not have a MOU with Victim's Center to provide victim advocate. However, they agency has an agreement with Victim advocate centers throughout Missouri with specific centers that utilize certain Victim advocacy Center. The Victim's Center provides the center is open to receiving referrals through a 24-hour hotline to provide victim advocacy services including SANE staff during an investigation. The Center can also provide information and referrals for further services to assist a sexual assault victim and his/her family.

115.321 (d)(e): The facility does not have a MOU with The Victim's Center for victim advocacy services. However they agency has an agreement with Victim advocate centers throughout Missouri with specific centers that utilize certain Victim advocacy Center. The Victim's Center provides the center is open to receiving referrals through a 24-hour hotline to provide victim advocacy services including SANE staff during an investigation. The Victim's Center director was contacted and provided a review of the program and services available to youths at GRTC advocacy staff at the program and the services they provide to youths. The Victim's Services. staff interviewed by telephone verified that the program had SANE staff on duty and had a working relationship with Local Law Enforcement. A qualified victim advocate would accompany a youth for a SANEs and during the law enforcement investigations. The advocate program would continue to offer emotional support, crisis intervention and referrals. The center has mental health staff that would also provide crisis intervention as requested by the victim and as part of the youth treatment plan. The center provided clinical staff documentation of providing victim advocacy services if an advocate is not available at the time of a sexual assault. The agency has provided the facility with a list of certified staff to provide victim advocacy services if requested. The auditor called one of the licensed counselors on the list and was verbally provided their credentials. The region has a licensed staff member that would provide victim advocacy services if requested. In interview, he indicated that he goes to Gentry on a regular basis and recently spent time with a youth claims he was sexual abused by another youth.

115.321 (g) The facility has an agreement with The Victim's Center. This was confirmed by an email from the DYS regional director and Victim's Center staff. Compliance was determined through the review of with the agreement with The Victim's Center and interview with staff from The Victim's Center. The Victim's Center is a State-certified domestic violence center serving domestic violence victims and offers a variety of services to participants. Services provided are confidential shelter, court advocacy, peer counseling, support groups, primary prevention, 24-hour crisis hotline, SANE staff and child therapy services. All services are free and confidential.

The facility is in compliance with the standard by review of the polices, processes, and interviews with Legal Services Agents, Out of Home Investigator Chief, and DYS

	administrative Investigators.
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115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 501 492">DYS Policy 9.18</p> <p data-bbox="280 524 756 560">DYS Policy 3.8 Employee Conduct</p> <p data-bbox="280 595 1090 631">DYS Policy 6.1 Programmatic Rights of Youth & Grievance</p> <p data-bbox="288 667 762 703">DYS Internet accessible to public:</p> <p data-bbox="280 739 1445 860">DYS Fundamental Practices under Additional Resources at this link: Missouri Social Services, Division of Youth Services Missouri Department of Social Services (mo.gov)</p> <p data-bbox="280 896 1078 931">DYS Mandatory Reporting - CA/N Hotline (800) 392-3738</p> <p data-bbox="280 967 1477 1841">115.322 (a & b) GRTC nor does the agency conduct criminal investigations for youths related sexual abuse reports The Department does not conduct criminal or administrative Investigation of Sexual Abuse or Sexual Harassment. investigations for youth related sexual abuse reports. Local Law enforcement, Out of Home Investigator investigate youth allegations that are criminal and Division of Legal Services Investigator and local law enforcement conduct criminal investigation for youth over the age of 18. The Out of Home Investigator or Legal Services conducts administrative investigation and management reviews as part of the investigations or separate and apart for a criminal investigation. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility’s protocol for obtaining usable physical evidence if a youth alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="280 1877 1477 2078">115.322 (c): DYS Policy 3.8 Employee Conduct and staff training mandates that that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested. There has been one allegation that was referred for criminal investigation referral during the last 12 months. The</p>

investigation is ongoing.

Compliance was verified by reviewing policies, procedures, Division of Youth Service Website and interviews with agency designee, facility administrator, investigators, staff, and investigative worksheets.

115.331	Employee training
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 895 492">PREA Standard 115.331 Employee training.</p> <p data-bbox="280 524 584 560">DYS Policy 9.18 PREA</p> <p data-bbox="280 595 620 631">DYS Policy 3.18 Training</p> <p data-bbox="280 667 555 703">PREA training 2020</p> <p data-bbox="280 739 555 775">PREA training 2021</p> <p data-bbox="280 810 555 846">PREA training 2022</p> <p data-bbox="280 882 943 918">Cross Gender Training Acknowledgement Form</p> <p data-bbox="280 954 1477 1993">115.331 (a): GRTC utilized DYS Employee training and augment the training for the specialize youths' programs components. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All staff members interviewed, and documentation reviewed verified the general topics below were included in the training: 1. The center Zero Tolerance Policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Youths' right to be free from sexual abuse and sexual harassment. 4. The right of youths and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment juvenile facilities. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youths. 8. How to avoid inappropriate relationships with youths. 9. How to communicate effectively and professionally with youths, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming youths. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. The training is extremely thorough in each standard and application of the standards.</p> <p data-bbox="280 2029 1430 2065">115.331 (b): Such training shall be tailored to the unique needs and attributes of</p>

youths of juvenile facilities and to the gender of the youths at the employee's facility. All employees receive training that includes managing and communicating with male and female youths. The facility houses male youths. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The agency training for all staff also includes working with LGBTI youth in DYS facilities. Additionally, the agency has developed training for First Responder duties and responsibilities.

115.331 (c): The agency provides each employee with refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training for staff working at GRTC. Additional training is provided at the facility for the onsite training staff. A review of the topic included an additional refresher to most topics found in the training curriculum. The agency Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Interviews with non-direct care staff and contracting staff and files of non-direct care and contracting staff confirmed that all staff working at GRTC receive the same training. Policy and procedure mandate that staff are training a minimum of once each year. All staff indicated they had to complete preservice prior to working with any youths. Several stated they had to shadow staff for at least two weeks after receiving their preservice training. Group Leader provide additional training for all staff and youth on an ongoing basis.

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document reviewed verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

GRTC requires staff to go through PREA training on a quarterly bases and each month when a all-staff meeting. Staff interviewed indicated that one of the administrator meet with the staff during staff briefings at least once a month to discuss PREA related topics. There are Posters about Sexual safety located

throughout the facility.

Exceed Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records of staff. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy. Interviewed included questions about the specialized training programs. Staff were able to articulate an understanding of working with LGBTI youth.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Volunteers and General Contractors Training</p> <p>VOLUNTEER (PRACTICUM) AND/OR CONTRACTURAL PROVIDER COVER LETTER FOR DYS FUNDEMENTAL PRACTICES</p> <p>Volunteers, Practicums, Interns and Community Liaison Councils</p> <p>DYS Policy 9.19 Volunteers, Practicums, Interns and Community Liaison Councils</p> <p>DYS Policy 9.18 PREA</p> <p>Training Sign in Sheets</p> <p>115.332 (a): Prior to having contact with the youths all volunteers and contractors receive training on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with youths, but all volunteers and contractors who have contact with youths shall be notified of the agency’s zero tolerance Policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.</p> <p>115.332 (b): All volunteers and contractors who have contact with youths shall be notified of the agency’s zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information. During the last year, 3 contractors or volunteers have received the Volunteer and Contractor training.</p> <p>A review of the training curriculum, staff acknowledge forms and interviews with volunteer, personnel staff and PREA compliance manager confirm compliance with this standard.</p>

115.333	Resident education
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 580 492">DYS Policy 9.18 PREA</p> <p data-bbox="280 533 676 568">DYS Policy 9.5 Youthial Care</p> <p data-bbox="280 609 689 645">Youth Training and education</p> <p data-bbox="280 685 699 721">PREA acknowledgement form</p> <p data-bbox="280 761 1038 797">PREA Brochures (French Creole, Spanish, and English)</p> <p data-bbox="280 837 817 873">Special accommodations for disability</p> <p data-bbox="280 913 813 949">Youth education sign in Youth training</p> <p data-bbox="280 990 549 1025">Education material</p> <p data-bbox="280 1066 552 1102">Advocacy brochure</p> <p data-bbox="280 1142 475 1178">12 Youth Files</p> <p data-bbox="280 1218 1276 1254">DYS Policy 8.3 Individual Education Program Special Education-Section</p> <p data-bbox="280 1294 1477 1697">115.333 (a): The agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youths who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks, or other written formats. The center conducts an initial training on all new youths when received at the facility usually within 72 hours that provide all aspects of the training requirements. At the present time the facility is providing the comprehensive training when youth complete the intake process. The youth and parent get a copy of the youth handbook that contains information about PREA.</p> <p data-bbox="280 1738 1458 2065">115.333 (b): Youths receive information explaining the agency’s zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the youths who have limited reading skills. The facility has the capability of providing the PREA education in formats accessible to all youths including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to</p>

youths who have limited reading skills. According to documentation and interview with Facility Director and the Assistant Facility Administrator, the local school system will assist with the provision of services for disabled and limited English proficient youths. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the facility administrator who will contact the appropriate community resource services including the local board of education. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on youth interpreters. Special needs youth are provided training that is age and maturity-based training per Special Needs. Compliance was confirmed by review of the. The staff conducting the comprehensive training reviews the youth brochure and read the training that is found in a "comic strip" type training book. The guide is called Safety First and goes through all aspects of the PREA standards and includes a test that youth take prior to signing the training forms.

115.333 (c): DYS Policy 9.18 requires that youths receive such education upon arrival or transfer at the facility and shall receive education upon transfer to a different YDS center to the extent that the policies and procedures of the youth's new facility differ from those of the previous center. Two youths that were transferred to the facility interview indicated they received training on the day of the arrival and saw the video and read the comic book for their third time in two weeks.

115.333 (d): The agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youths who have limited reading skills. The facility has the capability to provide the PREA education in formats accessible to all youths including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the youth. Documentation was reviewed of a contracting service for language lines. Posted PREA information is in English and Spanish accessible to youths, staff, contractors, volunteers, and visitors. Staff interviews confirmed youths are not used as translators or readers for other youths. The facility staff indicated that the facility director, education supervisor and medical staff would work with the community resources to provide education to youths regardless of his limitations or disabilities. According to the PAQ, the education department assists in providing information one-on-one in large print, visual aid and magnifiers, translation and other services through the youths individual Education Plan.

115.333 (e): The agency shall maintain documentation of youth participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the youths' involvement in PREA education sessions. The youths were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding

PREA education for youths. Staff ensures youths' receipt of the information, including the youth signing the acknowledgement form. A review of ten youth files confirmed they acknowledged they received a PREA orientation during intake and a comprehensive training within 10 days of arrival at the facility. In the last 12 months 26 youths received comprehensive trainings as indicated in the PAQ.

115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks, or other written formats. The PREA education materials provide youths information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each youth to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The youths revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There were PREA educational documentation noted throughout the facility including the lobby, visitation and living units.

All youth interviewed formally and informally during tour and subsequent visits to the recreation area confirmed that their therapist or administrative staff talks to them on a daily basis about PREA. They indicated that the staff that conduct round will ask them questions about PREA. They also indicated that during their initial treatment team meetings the Group Leader will talk about PREA with their parents. The programs designed is to have a group leader and staff that work with the group leader and youth in a group setting, On a daily basis the group leader, youth and staff meet to discuss the days progress and provide additional education on the youth feeling's of safety. It is through the meeting that Safety First is discussed on a daily basis. While reviewing the group, it was noted all residents had their safety first guide with them at the meeting. On the day of the audit the youth were discussing fundamental principles about respect.

Exceed Compliance was determined by review of the agency policies, training curriculum, posters, and youth files and interviews with staff and youths.

115.334	<p data-bbox="280 107 922 152">Specialized training: Investigations</p> <p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 409 1465 488">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 521 1190 555">Prison Rape Elimination Act Out of Home Investigators Interview</p> <p data-bbox="280 589 804 622">Legal Services Investigator interview</p> <p data-bbox="280 656 820 689">DYS Process and certificate of training</p> <p data-bbox="280 723 839 757">PREA Current Inspector Training Roster</p> <p data-bbox="280 790 1437 969">115.334 (a): GRTC does not conduct any form of administrative or criminal sexual abuse investigation. Investigator that are conducted by the Out of Home Investigator and the Legal Services investigator interview indicated they had received training of sexual abuse in a confinement setting.</p> <p data-bbox="280 1003 1469 1373">115.334 (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A copy of the training curriculums was accessible to the auditor and was reviewed for compliance with this standard.</p> <p data-bbox="280 1406 1469 1485">115.334 (c): The agency provided certifications from all staff that have received the specialized training.</p> <p data-bbox="280 1518 1433 1597">Compliance was determined by review of the training curriculum, interviews with two investigators, PREA coordinator and the facility administrator.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18</p> <p>DYS Policy 3.18 Training</p> <p>Medical training Mental health training</p> <p>PREA-Mental Health and Medical Professionals</p> <p>Specialized training for medical and mental health</p> <p>115.335 (a): DYS Policy 3.18 Training - Specialized Training Medical-MH Medical training provides medical and mental health staff members receive the regular PREA training and the specialized training is provided as part of DHS training modules. In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform youths at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.</p> <p>115.335 (b): Forensic medical examinations are not conducted by the facility medical staff or mental health staff.</p> <p>115.335 (c): The facility acknowledges of training indicating that medical and mental health staff had attended medical specialized training. Based on PAQ, one medical staff have received specialized training. This represents 100% of the medical and mental health employed at the center.</p> <p>115.335 (d): The mental health and medical staff completed the general and refresher training provided for all staff members. Since this a diverse population of youths the clinical staff provide additional training on de-escalation, suicide prevention, recognizing the needs of transgender youths, and sexual orientation, gender identify expression. The regional Mental Health staff indicated that he receives training through the DHS regional office.</p>

<p>A review of the training curriculum, acknowledgement documentation and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that exceeds the expectations of the standards.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Screening procedures for PREA Vulnerability Information Review (PVIR)</p> <p>DYS Policy 9.18 PREA</p> <p>DYS Policy 9.5 Res. Care</p> <p>DYS 9.01 DYS Comprehensive Assessment</p> <p>DYS Policy 6.7 Administrative Case Review</p> <p>MISSOURI DIVISION OF YOUTH SERVICES ADMINISTRATIVE CASE REVIEW REPORT</p> <p>PREA VULNERABILITY INFORMATION REVIEW (PVIR) SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM</p> <p>115.341 (a) and (b) DYS 9.01 DYS Comprehensive Assessment mandates that all youths will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All youths are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. The medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. The Missouri Youth Services has developed a seamless system to provide youth the best possible program to succeed.</p> <p>Residential Pre-Placement Planning</p> <ol style="list-style-type: none"> 1. Following assessment, the SC shall recommend residential placement to the SC team and/or SC supervisor (SCS). 2. After discussion with the SC team and/or supervisor, a final placement decision is made and the SCS shall ensure the residential program is contacted and appropriate case file information is provided prior to the youth's arrival. 3. Upon notification that a youth is being assigned to a residential program, designated residential staff shall ensure receipt and review of case information and complete section A of the PREA Vulnerability Information Review form (PVIR) (DYS F9-72). 4. The SCS shall ensure immediate youth needs are addressed, transportation arrangements made and notification provided to parent(s)/legal guardian(s) for

delivery of youth to the residential program.

The intake staff will administer a PVIR when the youth arrives at the facility. Twenty Six youth remained at the facility more than 72 hours and had received the PVIR.

All youth that makes an allegation or sexual abuse or are named in the sexual abuse allegation will be rescreened. Medical, mental health, and supervisory staff may conduct an additional rescreening based on reasonable concerns of the youth safety. Each youth has a treatment team meeting monthly. During the treatment team meeting staff will discuss the youth safety and ask him questions related to his sexual safety.

All staff that utilize the PVIR must complete training on conducting Screenings. The facility uses the information gathered to make room and programming assignments for the youths with the goal of keeping him safe and free from sexual abuse. The program is prohibited from using isolating. The staff member conducting the intake process will complete the screening using the PREA screening tool and will immediately report any heightened risks to the supervisor on duty before making housing decisions. Youths will be reassessed as needed. A review of the youth files determined that most youth have been rescreened on several occasions. Youth that was involved in an allegation of sexual abuse or sexual harassment were rescreened during the investigative process.

115.341 (c): Risk of Victimization and Sexually Aggressive Behavior screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the youth is or is perceived to be (LGBTQI) or gender nonconforming.

115.341 (d): Policy mandates that all youths will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. Screening staff interviewed indicated staff review the youths court records, suicide screening reports, family information and any other documents that are provide to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes and conversation with the youth in a private setting. The screening staff indicated they introduce the screening instrument to the youth by explaining the purpose of the questions and acknowledges to the youths that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center. After the initial screening or prior to the screening the medical staff interviews the youths and conduct a medical screening. The nurse indicated she talks about sexual transmitted diseases and youths' perception of vulnerability.

Based on the review of the agency Policy and procedures, observations and information obtained through staff and youth interviews, and review of 10 youth files, the facility has demonstrated compliance with this standard.

115.342	Placement of residents
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1445 416">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="280 456 584 492">DYS Policy 9.18 PREA</p> <p data-bbox="280 528 480 564">DYS Policy 6.7</p> <p data-bbox="280 600 643 636">DYS Policy 9.8 Separation</p> <p data-bbox="280 672 480 707">DYS Policy 6.1</p> <p data-bbox="280 743 480 779">DYS Policy 9.8</p> <p data-bbox="280 815 863 851">DYS Policy 9.28 Developing Relationships</p> <p data-bbox="280 887 699 922">Screening Instrument sample</p> <p data-bbox="280 958 536 994">Statement of Fact</p> <p data-bbox="280 1102 1469 1384">115.42 (a) DYS Policy 9.18 PREA establishes protocol to house youths in a safe environment, taking into consideration his PVIR, programming plan, and sexual orientation. Transgender youth would be interviewed by the clinical director for determination of her assignment. The youth perception and own views with respect to her safety would be given serious considerations when making the housing placement decision. Programming assignment is made by the program the youth was transferred to the center to receive.</p> <p data-bbox="280 1424 1457 1666">Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk.</p> <p data-bbox="280 1706 1469 2074">115.42 (b): Individualized determinations are made about how to ensure the safety of each youth. Youths who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Youths have an option of refusing these services. The center has not segregated or removed youths from the program for a PREA incident in the last 12 months. The agency PREA coordinator, and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of youths on a continuous basis.</p>

115.42 (c): Policy and practice mandates that making housing and programming assignments for transgender or intersex youths, the facility will consider on a case by-case basis whether the placement would present management or security problems.

115.42 (d) - (f) A transgender or intersex youth's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the youth. Transgender and intersex youths' placement and programming are reviewed as needed, but at least every six months. A transgender or intersex youths' own views of their safety is taken into consideration.

115.42 (g-l) Transgender and intersex youths are offered the opportunity to shower separately from other youths as indicated in their Statement of Search/ Shower/ Pronoun Preference Form. The facility did not have a transgender or intersex youth during the audit timeframe. The facility does not use isolation as a way to separate youths. The center has not segregated or removed youths from the program for a PREA incident in the last 12 months.

The agency PREA coordinator, and facility administrator interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Administrator indicated that the initial screening and any updated screening information is considered for placement of youths on a continuous basis.

The agency has a standing committee to review all youth prior to determining the center the youth is going to be assigned.

Residential Pre-Placement Planning 1. Following assessment, the SC shall recommend residential placement to the SC team and/or SC supervisor (SCS). 2. After discussion with the SC team and/or supervisor, a final placement decision is made and the SCS shall ensure the residential program is contacted and appropriate case file information is provided prior to the youth's arrival. 3. Upon notification that a youth is being assigned to a residential program, designated residential staff shall ensure receipt and review of case information and complete section A of the PREA Vulnerability Information Review form (PVIR) (DYS F9-72). 4. The SCS shall ensure immediate youth needs are addressed, transportation arrangements made, and notification provided to parent(s)/legal guardian(s) for delivery of youth to the residential program. 1. Upon a youth's arrival to the assigned residential facility, designated residential employees shall follow intake procedures outlined below: Complete remaining sections of the PVIR (DYS F9- 72) within 72 hours. b. Complete and enter the Juvenile Movement Form (DYS: F4-11) in accordance with DYS Administrative Policy 4.2 (On-Line Information Tracking System). c. Provide youth with the Youth/Parent Hand Book and review its contents within 72 hours. Every effort will be made to provide a copy of the Youth/Parent Handbook to the parent(s)/legal guardian(s). d. Complete Safety-First Training. Information within the training regarding safety, rights and how to report shall be completed immediately upon arrival. The remainder of the training shall be completed within 10 days of arrival. e. Complete Restraint Training in accordance with DYS Administrative Policy

3.18 (Training). f. Complete Facility Health Screen form DYS: F7-17 in accordance with DYS Administrative Policy 7.2 (Standards). g. Complete Nursing Assessment in accordance with DYS Administrative Policy 7.2 (Standards). h. Ensure parent(s)/legal guardian(s) is notified of youth's arrival.

Exceed Compliance of this standard were determined by decision to place youth in appropriate facilities based on PVIR screening, review of court document and working as a team to determine what is the best program to promote a safe environment and achieve the best outcome for the youth. Further exceed was based on review of the screening instrument, interviews with medical and mental health director, and facility administrator

115.351	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 1147 488">MO DIVISION OF YOUTH SERVICES FUNDAMENTAL PRACTICES</p> <p data-bbox="280 528 496 560">DYS 9.18 PREA</p> <p data-bbox="280 600 756 631">DYS Policy 3.8 Employee Conduct</p> <p data-bbox="280 672 1129 703">DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct</p> <p data-bbox="280 743 512 775">RSMo 210.115.1</p> <p data-bbox="280 815 1032 846">DYS 5.12 Establishment and Maintenance of Manuals</p> <p data-bbox="280 887 507 918">PREA Brochures</p> <p data-bbox="280 958 987 990">Employee Handbook - mail and phone procedures</p> <p data-bbox="280 1030 611 1061">Youth reporting Posters</p> <p data-bbox="280 1102 574 1133">Victim Services MOU</p> <p data-bbox="280 1173 1477 1706">115.351 (a) The above policies, agreement and external reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are reporting to the Children’s Division Child Abuse and Neglect Hotline or Victim Services hotline. Also, the policies identified the resident’s accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents. Missouri Law explicitly mandates reporting of sexual abuse sexual harassment. The reporting of child abuse, abandonment, or neglect is codified in RSMo 210.115.1</p> <p data-bbox="280 1747 1477 1863">The auditor called the Child Abuse and Neglect Hotline and the Victim Services hotline and was able to speak to a live staff member. The Victim Services also asked if I wish to talk to a victim advocate or an emotional support staff.</p> <p data-bbox="280 1904 1449 2060">115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to</p>

remain anonymous upon request. Residents may call the Children's Division Child Abuse and Neglect hotline or the Victim Services hotline. Residents may request to use a telephone with some degree of privacy to call the hotlines without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. A resident can request writing materials to write and send a letter to one of these sources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access. The youth and parent handbook provides the following ways to report. This information is also included in the Safety First Training and posted through the center. The auditor called all of the telephone numbers found in the reporting mechanism and was able to talk to a live person.

You can verbally tell any staff including:

Your advocate

Any member the your Staff Team

The Group Leader

The Facility Manager

Your Service Coordinator

A Family Specialist

The Assistant Regional Administrator

You can also:

- Tell your parent/guardian or other family member and have them make a report for you
- You may submit a grievance or handwritten note to any staff member or you may place your grievance or note in the Safety First box
- You can contact the Child Abuse and Neglect Hotline at 1-800-392-3738
- You may contact the Springfield Victim Center at 417-864-7233. Contact information for these agencies is located on posters/pamphlets around the facility

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.

115.351 (d): The facility provides residents with access to tools necessary to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the

reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit and while on the site review, the auditor observed the accessibility of writing utensils to the residents. Staff must report sexual abuse and sexual harassment immediately to the Facility Administrator and must immediately notify the Children's Division Child Abuse and Neglect Hotline. Staff and Facility Administrator confirmed that staff may report directly to the facility administrator, and he will coordinate with the staff to call Children's Division Child Abuse and Neglect Hotline, local law enforcement and legal guardian.

115.351 (e): Staff may make anonymous reports of sexual abuse and sexual harassment of residents to their local law enforcement, Children's Division Child Abuse and Neglect Hotline. PREA Coordinator, facility administrator or the PREA compliance manager.

Compliance was determined by review of posters, policy, and interview with staff, calls to all posted telephone numbers including the Children's Division Child Abuse and Neglect Hotline, and The Child Advocacy Services Hotline.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Youth/Parent Handbook</p> <p>Youth Grievances Forms</p> <p>15.252 (a): This standard does not apply to Gentry Regional Treatment Center because the facility does not have administrative procedures to address resident grievances regarding sexual abuse and harassment. Youth may file a grievance regarding sexual abuse or sexual harassment. However, the director will forward the grievance to the appropriate investigator as soon as receiving the grievance. The facility will not undertake investigations of the grievance, however if it is an emergency grievance and the youth claims or appears to be imminent danger or if the grievance claims staff member sexual abuse, the facility director will take immediate steps to protect the youth, to preserve the crime scene and to remove the staff from the areas where the youth is housed or placed staff member on administrative leave pending investigation. Instructions on how to file grievances are provided to youths on PREA Education Manual for Youths and PREA posters. The agency utilizes the Grievance system for youth to make allegations of sexual abuse or sexual harassment, the grievance system does meet the standards for reporting non PREA related allegations.</p> <p>Compliance was determined by review of the policies, interview PREA compliance managers, youths, and presence of grievance provides a procedure for youths to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to youths in the youth's handbook and PREA posters.</p>

115.353	Resident access to outside confidential support services and legal representation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DYS Policy 6.5 youth's visit, mail and telephone

DYS Policy 6.2 Legal Representation

DYS Policy 9.18 PREA

Child Advocacy Center

The Child Advocacy Center Interview

Victim Advocate Brochures

115.353 (a): DYS Policy 9.18 PREA mandates the facility shall provide youths with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility does not house youth for deportation. The facility shall enable reasonable communication between youths and these organizations and agencies, in as confidential a manner as possible. GRTC ensures youths are provided access to outside confidential support services. The facility does not have an MOU with The Child Advocacy Center which provide emotional support, counselling; follow-up support; SANE evaluation and referral for treatment after release or transfer to another facility. However, the agency has an understanding of services to be provided by the Missouri Victim Advocacy Centers throughout Missouri. This was confirmed by emails and interviews with the Child Advocacy Center. The staff indicated that besides providing victim advocacy, they provide a telephone number that will allow the youth to talk to a trained counselor for emotional support. They would also make arrangements to visit with the victim or have the victim brought to them or another location if allowed by the facility. The facility does not house youth for deportation services.

115.353 (b): The facility shall inform youths, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses confidentiality of the advocacy support services. The youth receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by The Child Advocacy Center. When contacted by phone the center's staff explained they always tell the caller that the telephone calls or

confidential however, they have a responsibility to report allegation of child abuse or child neglect. The Child Advocacy Center provides mental health treatment and has several clients that are being housed at the center. The center works collaboratively with The Child Advocacy Center to continue to provide mental health services.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youths with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Youth may use the phone, located on each living unit, and push the appropriate number to gain access and speak with a victim advocate. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to youths. The Child Advocacy Center interviews and confirmed by calling the facility assistant administrator indicated the program provides an ongoing program at the detention center with the female youth at the facility.

115.353 (d): The facility shall also provide youths with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview's confirmed youths have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where youths could meet privately with a legal representative and the visitation area for visits with family members. All youths interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Youths interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer, or a court representative privately. Youths interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA.

The Facility Administrator confirmed the facility provides youths with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal. The Youth/Parent handbook provides how families and lawyers may contact the youth.

Compliance was determined by review of center visitation rules, policies, and memorandums, posters located throughout the facility and interview with Staff of The Child Advocacy Center, facility administrator and random staff and youths.

115.354	Third-party reporting
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 767 488">PREA Brochure Posted Information</p> <p data-bbox="280 528 395 560">Website</p> <p data-bbox="280 600 580 631">DYS Policy 9.18 PREA</p> <p data-bbox="280 672 612 703">Youth/Family Handbook</p> <p data-bbox="280 743 1461 945">DYS Internet page http://dss.mo.gov/dys/ allows for the public to report resident sexual abuse or harassment through the Children's Division Hotline link that is provided on the site. For other complaints or to report sexual abuse or harassment regarding youth age 18 and older, individuals can send a complaint through "AskDYS" at AskDYS@dss.mo.gov which is provided on the website.</p> <p data-bbox="280 985 1485 1393">115.354 (a) GRTC shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DHS Policy. Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through DHS websites provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a youth. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information.</p> <p data-bbox="280 1433 1461 1635">Reporting Posters were posted in the visitation room during the audit and the main lobby of the facility. The Child Advocacy Center provides third party reporting for reports of child abuse, neglect or trafficking. The youth/family handbook contains phone number and the various ways for families to make notification of sexual abuse or sexual harassment.</p> <p data-bbox="280 1675 1477 1998">The facility provides additional methods to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The resident handbook and PREA Brochure (Safety 1st) provides residents with ways to make a report. In addition, the parents are provided a handbook with PREA related information. The agency website (http://dss.mo.gov/dys/) allows for the public to report resident sexual abuse or harassment or a report can be made through the Children's Division Hotline.</p> <p data-bbox="280 2038 1461 2114">Compliance was determined by interviews with random staff and youths as well as review of policies and posters.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 919 492">DYS Policy 9.18 PREA; - Reporting Allegations</p> <p data-bbox="280 533 1002 568">DSS Policy 2-101 Sexual Harassment/Inappropriate</p> <p data-bbox="280 609 756 645">DYS Policy 3.8 Employee Conduct</p> <p data-bbox="280 685 1078 721">DSS Administrative Policy 2-101 - Employment Practices</p> <p data-bbox="280 761 703 797">Missouri Legislative Reporting</p> <p data-bbox="280 837 469 873">Staff Training</p> <p data-bbox="280 913 1474 1088">115.361 (a) (b): During the intake process, youths are informed of the facility's duty to report and the limitations of confidentiality. Medical and Mental Health Staff meet with the youth upon arrival at the facility. Medical conducts a nurse's appraisal and mental health does a suicide screening. During the intake process youth are informed on their duties to report and sign an acknowledgement form.</p> <p data-bbox="280 1128 1481 1205">1. Employees, Contractors, and Volunteers are required to immediately report any of the following:</p> <p data-bbox="280 1245 1388 1321">a. Knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or exploitation that occurred in the facility.</p> <p data-bbox="280 1361 1342 1397">b. Retaliation against youths or employees who reported such an incident.</p> <p data-bbox="280 1438 1474 1514">c. Any employee, contractor, or volunteer neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1554 1474 1630">3. Any employee, contractor, or volunteer suspecting abuse, neglect, or exploitation must immediately report the incident to child abuse hotline.</p> <p data-bbox="280 1671 1458 1778">4. Following a report, the employee, volunteer, or contractor suspecting sexual abuse or sexual harassment will immediately notify the PREA Compliance Manager or Administrator On-Duty.</p> <p data-bbox="280 1818 1420 1926">5. If an alleged crime occurs against a child or adolescent, the PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities.</p> <p data-bbox="280 1966 1474 2083">6. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.</p>

7. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation.

All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented. DYS Policy 9.18 - Reporting Allegations and DYS Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against youths or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Other than making appropriate notification through Department channels, staff should take no further actions other than those directed by law enforcement or first responders.

115.361 (c): Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental.

115.361 (d): Medical and Mental Health staff interviewed confirmed their responsibility to inform youths under 18 years old of their duty to report and limitations of confidentiality during the intake process.

115.361 (e): PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented.

115.361 (f): Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against youths or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. The Administrator or highest-ranking staff on duty will notify child abuse hotline of an allegation of sexual abuse or sexual harassment. The facility staff on duty will immediately notify Local Law Enforcement of any allegation that is criminal in nature. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.

Compliance was determined by review of policies, training, and interviews with

	direct care staff and first responders that are not direct care staff, the facility administrator, and the agency head designee and the PREA coordinator.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18 PREA - Agency Protection Duties</p> <p>PAQ</p> <p>115.362 (a) DYS Policy 9.18 require staff to protect the youths through immediately implementing protective measures. Interviews with the youths revealed their concerns about their own safety are discussed during the intake process and during the administration of Screening assessments. Policies requires that if the youth alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the youth. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. All youths participate in a treatment team meeting once a month with GRTC, community staff and parents. During these meeting youth are asked if they feel safe at the facility. There have been no instances where youths were at imminent danger of sexual abuse.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18 PREA</p> <p>Statement of Fact</p> <p>115.363(a-d) In the event that a youth alleges that Sexual Abuse occurred while confined at another Facility, the Facility will document the allegations, notify the sending facility administrator, Child Abuse Hotline and local law enforcement of the allegations. If the allegation was criminal in nature the facility administrator would also notify local law enforcement. The report will be reported to the sending center soon as possible, but no later than 72 hours after receiving the notification.</p> <p>During the past 12 months, there were no allegations received a youth was abused while confined to another facility nor were there allegations of sexual abuse received by GRTC from other facilities.</p> <p>Based on the review of the agency Policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.</p>

115.364	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 454 571 488">First Responder Plan</p> <p data-bbox="280 526 1254 560">Division of Youth Services First Responder Protocols for Sexual Abuse</p> <p data-bbox="280 598 975 631">DYS Policy 9.18 PREA - Responding to Allegations</p> <p data-bbox="280 669 1147 703">MO DIVISION OF YOUTH SERVICES FUNDAMENTAL PRACTICES</p> <p data-bbox="280 741 756 775">Volunteer and Contractor Training</p> <p data-bbox="280 813 580 846">Investigation Process</p> <p data-bbox="280 884 536 918">Statement of Fact</p> <p data-bbox="280 956 1477 1868">115.364 (a): Upon receipt of a report that a youth was sexually abused, or if an employee sees abuse, the first staff member to respond will: a. Separate the alleged victim and abuser. b. Call for emergency medical care for the victim, if necessary. c. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel. d. Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all youths from the room or area. e. Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee. f. If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with the employee until further instruction is provided by an Administrator (e.g., safety plan, administrative leave). g. If the alleged abuse occurred within the past 96 hours, the employee(s) should request that the alleged victim not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). h. Ensure that the alleged abuser not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). i. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident. j. Document detailed description of 1) Victim and abuser locations and affect (e.g., emotions, appearance) 2) Wounds and their location 3) Anything the victim or abuser reported to the employee.</p> <p data-bbox="280 1906 1477 2067">115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a youth</p>

alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a youth makes an allegation, or they suspect an incident of sexual abuse has occurred. Random interviews indicated youths would go directly to the medical or facility assistant director to report and understood that they would need to provide evidence for the center to prosecute the youth or staff that sexually assaulted them. While this information is not germane with staff duties it is further documentation that the center trains staff and youth duties in cases of a sexual abuse.

During the last 12 months there were no allegations of sexual abuse. Interview with the education staff determined they were aware of their first duty responsibilities.

115.365	Coordinated response
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 395 376">located.</p> <p data-bbox="280 416 1461 492">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="292 528 740 564">DYS Coordinated Response Plan</p> <p data-bbox="280 600 927 636">DYS Policy 9.18 PREA - Coordinated Response</p> <p data-bbox="280 672 635 707">PREA Response checklist</p> <p data-bbox="280 743 1481 1066">DYS Coordinated Response includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Dys has a system in place providing the staff with clear actions to be taken by staff including contacting administrative staff, medical and mental health staff, OOHI, DLS and law enforcement, victim advocate services, & parent/guardian and several other individuals. Staff members are directed to follow the steps outlined and to utilize the checklist in addressing the situation.</p> <p data-bbox="280 1102 732 1137">DYS Coordinated Response Plan</p> <p data-bbox="280 1173 1469 1962">Staff Timeframe Responsibility First Responder Immediately · Follow First Responder Protocols located in the Facility Manual · Document the incident in the Critical Incident Online Reporting System · Document call to the Child Abuse and Neglect hotline on the designated form First Responder's Immediate Supervisor Within 24 hours · Notify PREA Compliance Manager · Notify facility or regional nurse · Notify designated medical or mental health professional · Notify youth's parents and Service Coordinator PREA Compliance Manager/Facility Manager Within 24 hours · Provide access to designated rape crisis or victim advocacy organization · Notify other facility, if necessary · Document notification to DYS Central Office HR for referral to DLS for reports from youth 18 or over · Coordinate necessary communications between facility staff and investigators. PREA Compliance Manager/Facility Manager Within 72 hours · File the following documents in PREA file: -CIR -Log of Medical Visit -Hotline Report -Referral to Medical/Mental Health professional if necessary Facility/Regional Nurse Within 14 days · Coordinate any ongoing medical care Assistant Regional Administrator Within 30 days of the conclusion of investigation · Initiate Critical Incident Review to include obtaining input from Compliance was determined by review of the Coordinated Response of an Allegations of Sexual Abuse and interviews with random staff, PREA compliance manager, medical and mental health staff, shift supervisors, and victim advocate.</p> <p data-bbox="280 1998 1461 2074">Compliance was determined by review of the above coordinated response plan and interviews with staff responsible for carrying out the Coordinated Response Plan.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Sexually Abusive Behavior Prevention and Intervention Program (PREA) (updated 11-03-21)</p> <p>Employee Handbook</p> <p>The Departments of Social Services and Health & Senior Services (Division of Senior and Disability Services and Division of Regulation and Licensure - Sections for Long Term Care and Child Care Regulation) and Office of Administration (Division of Facilities Management, Design and Construction) AND Communications Workers of America (CWA) Local 6355, AFL-CIO 1/1/2016 to 12/31/2018</p> <p>115.366 (a): In every case where the alleged abuser is an employee, contractor or volunteer there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders (e.g., safety plans) requiring “no contact” will be documented by facility management. A memorandum will be printed and maintained as part of the related investigation file.</p> <p>DYS will not enter any agreement or contract with a private vendor to operate juvenile facilities that limits a facility’s ability to remove alleged employee sexual abusers from contact with any youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance was determined by with agency head, PREA coordinator and Agency Head.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 1023 492">DYS Policy 9.18 PREA - Protection against Retaliation</p> <p data-bbox="280 533 868 568">DSS Policy 2-101 - Employment Practices</p> <p data-bbox="280 609 576 645">DYS Retaliation Form</p> <p data-bbox="280 685 341 721">PAQ</p> <p data-bbox="280 739 1477 1447">115.367 (a): Facility PREA Response Plan establishes for protection or youth against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA retaliation monitor (assistant administrator) shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there were no retaliation for reporting allegations of sexual abuse or sexual harassment. There have been one allegations of sexual abuse or sexual harassment alleged at the center during the last 12 months. The one allegation is recent and is still in the monitoring staged of the investigations and outcome of investigation.</p> <p data-bbox="280 1487 1437 1644">DYS has developed an agency wide form for all facilities managed by the cooperation to document retaliation monitoring. During the last 12 months there was one allegation of sexual abuse or sexual harassment that required retaliation monitoring.</p> <p data-bbox="280 1684 1477 2092">115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youths or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy identifies measures to protect staff and youths including the following: a. Initiating housing changes or transfers for youth victims or abusers; b. Removing alleged staff or youth abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect youths and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes,</p>

transfers, removing alleged abusers, and emotional support services. The Retaliation Monitor identified protective measures that are aligned with the standard, including separating the alleged abuser from the alleged victim.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of youths or staff who reported the sexual abuse and of youths who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youths or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any youth disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. DYS Policy 9.18 requires the monitoring of items identified in this provision of the standard. The Retaliation Monitor explained during the interview how he would discharge those duties, including monitoring the items identified in the standard and whether a youth filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by youths or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

115.367 (d): In the case of youths, such monitoring shall also include periodic status checks. The Retaliation Monitor indicated status checks would be initiated with staff and youths. The FOP states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.

115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states if any other individual who cooperates with an investigation expresses the occurrence retaliation from another youth or staff member, GRTC shall take appropriate measures to protect that individual against retaliation. The assistant facility administrator indicated he would visit the youth whenever an allegation is lodged by youths or third party immediately and discuss her role to monitor for retaliation. The facility administrator indicated he would monitor staff that report and cooperated with any investigations. The retaliation monitor interviewed indicated he would meet with the youth on a weekly basis to assure there are no retaliation for reporting sexual abuse or sexual harassment.

Compliance was determined by review of policies, the monitoring check list and interviews with the retaliation monitor, facility administrator, PREA compliance manager and PREA coordinator.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Facility PREA Response Plan</p> <p>DYS Policy 9.18 PREA</p> <p>DYS Policy 9.8 Separation</p> <p>Statement of Fact</p> <p>115.368 (a): The facility policy requires that youths who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. There has been no youth placed in an isolated area for a PREA incident.</p> <p>The facility has a policy that youths who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other youths safe, and only until an alternative means of keeping all youths safe can be arranged.</p> <p>If a youth who alleges to have suffered sexual abuse is held in isolation, the facility affords each such youth a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No youth has been separated due to a PREA incident in the last 12 months.</p> <p>Compliance was determined by review of policy, interviews with facility administrator, education lead teacher, medical and mental health staff.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 810 492">DYS Policy 9.18 PREA - Investigations</p> <p data-bbox="280 528 756 564">DYS Policy 3.8 Employee Conduct</p> <p data-bbox="280 600 647 636">Investigative Notifications</p> <p data-bbox="280 672 975 707">Process for Internal Administrative Investigations</p> <p data-bbox="280 743 644 779">Investigative Files Review</p> <p data-bbox="280 815 1481 1137">115.371 (a): DYS Policy 9.18 establishes the agency Policy that all allegations of sexual abuse or sexual harassment will be investigated. Division of Youth Services does not conduct their own investigations of sexual abuse and harassment. The Office of the Out Of Home Investigator conduct administrative investigations and criminal investigations for youth under the age of 18. OOHl work with local law enforcement for investigations actions which are criminal in nature. The Department of Social Services Division of Legal Services conduct investigations for youth over 18 years of age.</p> <p data-bbox="280 1173 1445 1335">115.371 (b): The Investigators follows protocols in conducting administrative investigations in DYS settings and the investigators receive training on the related agency policies DYS has requested the agencies that conduct allegation of sexual abuse or sexual harassment follow the PREA standards.</p> <p data-bbox="280 1370 1458 1576">15.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="280 1612 1414 1688">115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p data-bbox="280 1724 1474 2011">115.371 (e): Any criminal investigations are conducted by local law enforcement and would be referred to appropriate jurisdiction for prosecution. Completed reports shall be retained in the Office of the inspector general in accordance with the state retention schedule. Interviews with Facility Administrator and investigator confirmed that the present retention period is the agency retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="280 2047 1353 2083">115.371 (f): The credibility of an alleged victim, suspect, or witness shall be</p>

assessed on an individual basis and shall not be determined by the person's status as youth or staff. No agency shall require a youth who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile youth and applicable law requires a shorter period of retention.

115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning staff are trained on protecting the crimes scene and cooperating with investigative units. There is one ongoing investigation at the time of the audit.

Compliance was determined by interviews with the facility investigator, PREA coordinator, Agency Head, Agency website and facility administrator.

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 730 492">DYS Policy 9.18 - Investigations</p> <p data-bbox="280 528 580 564">Child Welfare Manual</p> <p data-bbox="280 600 608 636">Investigator Interviews</p> <p data-bbox="280 672 1409 833">Based on interviews with three agency investigator each indicated they make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence).</p> <p data-bbox="280 869 1481 985">Compliance of the standard was determined by reviewing the Policy, investigative report, and interview with the agency PREA coordinator and investigator from Out of Home Investigator, Division of Legal Services, and DHS investigators.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 454 523 488">DYS Policy 9.18 -</p> <p data-bbox="280 526 580 560">Child Welfare Manual</p> <p data-bbox="280 598 606 631">Investigator Interviews</p> <p data-bbox="280 669 759 703">Notifications to Youths Blank form</p> <p data-bbox="280 741 1437 898">115.373 (a): At the conclusion of an investigation, PREA Compliance Manager, or staff member designated by the facility administrator will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.</p> <p data-bbox="280 936 1430 1391">115.373 (b): DYS Policy 9.18 Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating agency in order to inform the individual. 115.373 (c): Following a youth's allegation that a staff member has committed sexual abuse against the youth, the agency shall subsequently inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the youth's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="280 1429 1469 1671">115.373 (d): Following a youth's allegation that he or she has been sexually abused by another youth, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="280 1709 1466 1912">115.373 (e): Policy requires all such notifications or attempted notifications shall be documented. The PREA Coordinator has developed a form that for notification to youths of the outcome of investigations that includes a signature from the youth. During the last 12 months there no youth that was notified of the outcome of an investigation that was completed by the facility.</p> <p data-bbox="280 1951 1461 2027">Based on review of policy and interviews with PREA compliance manager and PREA coordinator it was determined that the agency is in compliance with this standard.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18 – Disciplinary sanctions for Staff</p> <p>DSS Policy 2-124 Discipline</p> <p>DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct</p> <p>Statement of Fact</p> <p>115.376 (a): Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b): All allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a youth, that staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.</p> <p>115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.</p> <p>115.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the local law enforcement unless the activities were not clearly criminal.</p> <p>There has no adverse action taken against staff for violation of agency policy 9.18 PREA or related policies.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator and facility administrator.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18 PREA - Disciplinary sanctions for Contractors or Volunteers</p> <p>Contractor Training</p> <p>Contractor Acknowledgement for Training</p> <p>Statement of Fact</p> <p>115.377 (a) Investigating PREA Allegations provide any contractor or volunteer who engages in sexual abuse is prohibited from contact with youths. The policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies.</p> <p>115.377 (b) The documentation and interviews with the PREA coordinator, assistant facility administrator revealed the provision of information to volunteers and contractors that sexual misconduct with a youth is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with youths, however, would most likely prohibit them from further contact with youths.</p> <p>There have been no allegations of sexual abuse or sexual harassment involving contracting and volunteers during the last 12 months.</p> <p>Compliance was determined by training curriculum, contractor and volunteer applications and interviews with the PREA compliance manager and Facility Administrator.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18 PREA -</p> <p>DSS Policy 9.8 Separation</p> <p>DSS Policy 6.1</p> <p>Statement of Fact</p> <p>PAQ</p> <p>DYS does not issue discipline sanctions and does not have a formal disciplinary process. The “Missouri Model” is developed to correct inappropriate actions and support positive behavior with youth. Youth that violate a criminal act will be subject to appropriate legal action to include prosecution.</p> <p>115.378 (a): Investigating PREA Allegations provide guidance and procedures to be employed for youths.</p> <p>115.378 (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth’s disciplinary history, and the sanctions imposed for comparable offenses by other youths with similar histories. Isolation will not be utilized for a disciplinary sanction.</p> <p>115.378 (c): The process shall consider whether a youth’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>115.378 (d): The facility is a treatment residential center and offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.</p> <p>115.378 (e): The agency may sanction a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.378 (f): For the purpose of sanctions, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Investigating PREA Allegations states a report of sexual abuse made in good faith based upon a</p>

reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g): GRTC prohibit all sexual activity between youths and may discipline youths for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Youths interviewed indicated they were advised that they would be sanctioned for any sexual abuse, sexual harassment or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible to maintain a safe environment for all youths. One youth interviewed stated that in group meetings the youth remind each other of "keeping it in check" often. He explained that this means respect the staff and other youths. The statement of fact indicated during this audit period this facility has not had any incidents that require intervention for youths having sexual conduct. The management of youth in DYS facilities include group Leaders, advocates and team members that meet daily with the youth.

Based on the review of the agency policy, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated exceed compliance with this standard.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 903 492">DYS Policy 9.18 – MH and Medical Screening</p> <p data-bbox="280 524 603 560">DYS Policy 9.18 PREA –</p> <p data-bbox="280 595 635 631">DYS Policy 7.2 Standards</p> <p data-bbox="280 667 480 703">DYS Policy 6.1</p> <p data-bbox="280 739 691 775">DSS Policy 9.5 Resident Care</p> <p data-bbox="280 810 1169 846">DSS Policy 7.6 Emergency Medical Care and First Aid Response</p> <p data-bbox="280 882 930 918">DSS Policy 7.4 Access to Health Care Services</p> <p data-bbox="280 954 536 990">Statement of Fact</p> <p data-bbox="280 1025 341 1061">PAQ</p> <p data-bbox="280 1097 1453 1344">115.381 (a) If any of the intake screening forms indicates a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form. As noted in standard 115.341 the center conducts several screenings for youth that arrive at the center. These screening are utilized for housing, placement, and programming of youth.</p> <p data-bbox="280 1379 1473 1832">115.381 (b) If any of the intake screening forms indicates a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This same information is discussed with the clinical staff within 72 hours of intake. However, the screening staff document and forward a follow up notification form. DYS Policy 9.5 Resident Care requires that when an allegation of sexual abuse or sexual harassment occurs the facility will complete a rescreening on the victim and accused perpetrator. The facility refers all youths that have history of victimization or have concerns about victimization to Victim Advocacy Center for emotional support. Staff at the center verified that the center reaches out to allow youths to speak with their therapist.</p> <p data-bbox="280 1868 1469 2074">115.381 (c): Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or</p>

Local law.

115.381 (d): Medical and mental health staff is required to notify youths at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the youth's prior sexual victimization that did not occur in an institutional setting. Youths who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

Compliance was determined by review of the agency policy, PVIR forms and interviews with medical and mental health staff.

115.382	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 719 488">Youth medical treatment forms</p> <p data-bbox="280 528 1430 560">DYS Policy 9.18 PREA - Access to Emergency Medical and Mental Health Services</p> <p data-bbox="280 600 1414 676">Memo-CIR form and CI Review Form- Documenting Timely Access to Emergency Medical Services,</p> <p data-bbox="280 716 874 748">Nursing Note and Youth Medical Visit form</p> <p data-bbox="280 788 639 819">PREA Advocacy Interview</p> <p data-bbox="280 860 743 891">Mental Substance Abuse Sample</p> <p data-bbox="280 931 647 963">Health Education Records</p> <p data-bbox="280 1003 1477 2074">115.382 (a): PREA Response Plan Following Youth Report mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required. Observations revealed medical and mental health staff members maintain secondary materials that document services to youths and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation. Youths are provided access to an outside victim advocacy agency for services through Child Advocacy Center which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. Child Advocacy Center has a SANE staff on duty or on call. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of youth encounters. There have been no allegations of sexual abuse during this audit period that include a SANE or SAFE. The facility houses male youths. The facility PREA response plan requires evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services shall be provided to the victims consistent with the community level of care. Youth victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the</p>

victim names the abuser or cooperates with any investigation of the incident.

115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed youths have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting youths and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time nurse is generally on-call 24/7 as determined by the interview. Interviews with Child Advocacy Center indicated there is an on call SAFE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a youth that has been sexually assaulted.

115.382 (c): Youth victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All youths are provided access to infection prophylaxis when they arrive at the facility. The PAQ and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.

115.382 (d): PREA Response Plan Following Youth Report mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.

Based upon the review of policies, interview with the medical, mental health staff and interviews with staff from the Child Advocacy Center is compliant with this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Statement of Fact</p> <p>DYS Policy 9.18 PREA – Ongoing Medical and Mental Health Services</p> <p>Facility Operating Procedures 3.09 PREA</p> <p>Advocacy Agreement</p> <p>115.383 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all youths who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The medical and mental health staff indicated in interview that the facility would provide treatment as indicated as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone that provides information on prior victimization or past predator behavior in order to comply with the standard. However, the clinical director indicated that all youths that go through intake at the facility are seen by mental health within 72 hours. Victim Services provides ongoing mental health counseling services for youths assigned from their geographic location and makes referrals to Missouri Coalition against sexual victimization.</p> <p>115.383 (b): Facility PREA Response Plan Following Youth Report includes a provision that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. Youths that are housed at GRTC have a follow up plan which includes mental health counseling as needed. The plan also includes the family in supporting the youth. The Child Advocacy Center would provide youth with support programs when released from the center or provide information and arrange for a transfer for emotional support to a certified victim advocacy program within the Missouri Coalition against Domestic and Sexual Violence in other areas of Missouri.</p> <p>115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.</p> <p>115.383 (d-e): The facility is a male only program.</p>

115.383 (f) The policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.

115.383 (g) All treatment services will be provided at no cost to the victim, according to policy and staff interviews.

115.383 (h) Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known youth-on youth abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling.

Any youth that make an allegation of past victimization are allowed to call the Child Advocacy Center program and staff from the program will go to the facility and meet with the youth and offer their services when released from the center.

Based on a review of the PREA policies, and interviews with the Child Advocacy Center, mental health director, medical staff, PREA coordinator and Facility Administrator the facility is in compliance with this standard.

115.386	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="292 456 863 488">DYS Policy 9.18 PREA – Incident Reviews</p> <p data-bbox="280 528 839 560">DYS Policy 9.17 Critical Incident Review</p> <p data-bbox="280 600 834 631">Incident Review Meeting reports (form)</p> <p data-bbox="280 672 1477 1375">115.386 (a): Facility PREA Response Plan Following Youth Report require an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded. The policy mandates review team participation to include the agency wide PREA Coordinator, the facility’s PREA Compliance Manager, facility administrator, medical and mental health staff. There was no allegations of sexual abuse during the last 12 months that have been resolved and require a IRT meeting. The interview with the PREA Compliance Manager and a review of the form used to document the incident review team’s findings indicate the team: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p data-bbox="280 1415 1477 1527">115.386 (b): The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There have been one allegations of sexual abuse. The allegation is ongoing.</p> <p data-bbox="280 1568 1477 2065">115.386 (c): The policy mandates review team participation to include the agency wide PREA Coordinator, the facility’s PREA Compliance Manager, facility administrator, medical and mental health staff. 115.386 (d): The committee reviewed the following: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be</p>

deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

115.386 (e): The policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Facility Administrator, review documentation confirmed the incident review team meeting are documented, including recommendations and the document provided to the Facility Administrator.

The interview with the Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. She confirmed the team would consider all factors required by the standard.

115.387	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 831 492">DYS Policy 9.18 PREA - Data Collection</p> <p data-bbox="280 528 740 564">FOP 3.09 PREA - Data Collection</p> <p data-bbox="280 600 735 636">PREA FY 2017-18 Annual Report</p> <p data-bbox="280 672 810 707">Final PREA FY 2018-19 Annual Report</p> <p data-bbox="280 743 746 779">PREA FY 2019-20 Annual Report</p> <p data-bbox="280 815 735 851">PREA FY 2021-22 Annual Report</p> <p data-bbox="280 887 1477 1209">115.387 (a): A review of reports confirm that DYS collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for DYS facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). DYS maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by DYS.</p> <p data-bbox="280 1245 1469 1321">DYS aggregates the sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested.</p> <p data-bbox="280 1357 1453 1478">115.387 (b): The facility collects and maintains data in accordance with directives by DYS. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p data-bbox="280 1514 1461 1720">115.387 (c): The format used for DYS facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ) 115.387 (d): The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives.</p> <p data-bbox="280 1756 1477 1962">115.387 (e): The format used for DYS facilities and contractors capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). Private facilities are required to follow the same PREA policies and procedures and report the information on the same basics as State operated facilities.</p> <p data-bbox="280 1998 1469 2074">115.387 (f): DYS policy mandates that upon request, DYS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p>

A request was not made for the previous calendar year.

Compliance was determined by reviewing data collections for preceding three years, review of DYS Policies and interview with the PREA coordinator, facility administrator and DYS agency head.

115.388	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 719 492">DYS 2021 Annual PREA Report</p> <p data-bbox="280 528 828 564">DYS Policy 9.18 PREA - Data Collection</p> <p data-bbox="280 672 603 707">PREA - Data Collection</p> <p data-bbox="280 743 735 779">PREA FY 2017-18 Annual Report</p> <p data-bbox="280 815 735 851">PREA FY 2018-19 Annual Report</p> <p data-bbox="280 887 735 922">PREA FY 2019-20 Annual Report</p> <p data-bbox="280 958 735 994">PREA FY 2021-22 Annual Report</p> <p data-bbox="280 1030 1477 1442">115.388 (a): DYS Policy 9.18 recognizes the purpose of conducting annual reports and annual PREA assessments are to review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by taking corrective action on an ongoing basis. Further to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="280 1478 1445 1639">115.388 (b): A review of the annual reports for the last 3 years included a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="280 1675 1469 2087">115.388 (c): The annual report is reviewed by PREA coordinator, his supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review. 115.388 (d): DYS Policy 9.18 indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report. In the last three years the data documented on the DYS website revealed there had been no allegations of sexual abuse ore allegation sexual harassmt at Gentry Residential Treatment Center during the fiscal year 2021-2022. There were no allegations in 2019-2020.</p>

	Compliance was determined by reviewing data collections for preceding three years and review of DYS website.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>DYS Policy 9.18 PREA</p> <p>Retention Schedule</p> <p>Records and Information Management Procedures</p> <p>115.389 (a)(b)(c): DYS procedure- Records and Information Management Procedures requires that data be collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed. The website included State and privately operated facilities.</p> <p>Compliance was determined by review of the website and interview with the agency PREA coordinator.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 831 492">DYS Policy 9.18 PREA - Data Collection</p> <p data-bbox="280 528 644 564">PREA Audit Augusta 2014</p> <p data-bbox="280 600 587 636">PREA Audit May 2017</p> <p data-bbox="280 672 746 707">PREA Audit July 2020 PREA Audit</p> <p data-bbox="280 743 1461 981">115.401 (a): DYS Policy 9.18 PREA requires all DYS facilities be audited every three years for compliance with the Prison Rape Elimination Act The initial PREA audit of Gentry Residential Treatment Center was conducted in August 2014 by a DOJ certified PREA auditor. The second audit was conducted in May 2017 by a DOJ Certified auditor. The third audit of this facility conducted in July 2020 by a certified PREA auditor.</p> <p data-bbox="280 1016 1461 1254">115.401 (b): According to PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, DYS ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the first year of this cycle.</p> <p data-bbox="280 1290 1442 1460">115.401 (h): During the audit, I was allowed access to all areas of Facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing youth supervision.</p> <p data-bbox="280 1496 1481 1621">115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p data-bbox="280 1657 1461 1783">115.401 (m): I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility.</p> <p data-bbox="280 1818 1474 2056">115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on January 14, 2023. The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to auditor in the same manner as legal mail system. He indicated they were and provided how you stamps legal mail that it has not been opened or censured and</p>

mailed same date as it is removed from the mailboxes located throughout the facility. The PREA Compliance manager indicated that he or the Facility Administrator check the mailbox, PREA Box and Grievance Box a minimum of two times a day during the week and at least once a day on weekends.

Compliance was determined by review of three past audits, email providing dates of audit postings and interviews with Facility Administrator, PREA Coordinator and Agency Head designee.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is the fourth PREA audit for this facility. All audits were located on the agency website and were reviewed by the auditor. The audits were completed on Augusta 2014, May 2017, and July 2020 by certified PREA Auditors.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots"	yes

	or areas where staff or residents may be isolated)?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	<p>Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.</p>	yes
115.352 (b)	Exhaustion of administrative remedies	
	<p>Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)</p>	na
	<p>Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	na
115.352 (c)	Exhaustion of administrative remedies	
	<p>Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	na
	<p>Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	na

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes