

PREA Facility Audit Report: Final

Name of Facility: Hogan Street Regional Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/21/2023

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: Latera M. Davis	Date of Signature: 05/21/ 2023

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	04/17/2023
End Date of On-Site Audit:	04/17/2023

FACILITY INFORMATION	
Facility name:	Hogan Street Regional Youth Center
Facility physical address:	1839 Hogan Street, Saint Louis, Missouri - 65109
Facility mailing address:	

Primary Contact	
Name:	LaTonji Wilson
Email Address:	Latonji.D.Wilson@dss.mo.gov
Telephone Number:	(314) 340-7434

Superintendent/Director/Administrator	
Name:	LaTonji Wilson
Email Address:	Latonji.D.Wilson@dss.mo.gov
Telephone Number:	(314) 340-7434

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

Facility Health Service Administrator On-Site	
Name:	Regina Parish
Email Address:	Regina.L.Parish@dss.mo.gov
Telephone Number:	636-865-6028

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	13
Average daily population for the past 12 months:	13
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	13-20
Facility security levels/resident custody levels:	Secure Care
Number of staff currently employed at the facility who may have contact with residents:	25
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:	0

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 Parrett	Email Address:	judy.parrett@dss.mo.gov

Facility AUDIT FINDINGS

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:

4

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.313 - Supervision and monitoring
- 115.333 - Resident education
- 115.341 - Obtaining information from residents

Number of standards met:

39

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:	2023-04-17
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2. End date of the onsite portion of the audit:	2023-04-17
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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
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The facility does not have a contract with a community-based organization however the auditor was able to call and have a general conversation with the staff at the advocacy center.
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
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15. Average daily population for the past 12 months:	13
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16. Number of inmate/resident/detainee housing units:	13
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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)
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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:	13
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
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:	0

<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>1</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>20</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>

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:	1
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" 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?	There were 13 youth assigned to the facility during the audit housed in one unit. The auditor randomly selected 10 to interview. The facility is all male and there were multiple races and ages interviewed.

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):	The auditor experienced no barriers to completing the interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<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
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>1</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>Interviews with the regional staff and facility leadership indicated that there were no youth at the facility for the targeted area.</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>The auditor interviewed the only youth who met any of the targeted criteria.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</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>The auditor interviewed all staff that were scheduled to work on the day of the audit.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

22

76. Were you able to interview the Agency Head?

Yes

No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

Yes

No

78. Were you able to interview the PREA Coordinator?

Yes

No

79. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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
- 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 checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
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?

Yes

No

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)?

Yes

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>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).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed all documentation provided by the facility during the pre-audit phase with the PAQ. After review, the auditor prepared an issue log requesting additional information as needed. Documentation was reviewed onsite.</p>
<p>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>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.</p>	

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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	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	0	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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	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:

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no reported sexual abuse investigations during the audit period.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reported sexual harassment investigations during the audit period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no reported sexual harassment investigations during the audit period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.

- Yes
- No

Non-certified Support Staff

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.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • 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
<p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Hogan Street Regional Youth Center is a secure care program that works with youth committed to the Missouri Division of Youth Services by the Juvenile Court and those convicted and sentenced through Missouri’s Dual Jurisdiction process (section 211.073, RSMo). Hogan Street Regional Youth Center works with youth who were assigned male at birth who may identify along differing places on the gender spectrum. Youth are between the ages of 15 to 20 years of age. The daily population over the past 12 months averaged 10 residents, and the projected maximum population is 36 residents. Hogan Street Regional Youth Center is a facility located in St. Louis, MO. The building previously existed as a school for the former Catholic Church. The grounds include 2.287 acres and 35,100 square foot of the building. The building currently has three dormitories on the 2nd floor which accommodates approximately 33-36 youth. The facility is currently only operating one dormitory with 11 youth. The manager’s, administration, youth specialist, rover’s offices, teacher’s lounge, gymnasium and classrooms are located on the 1st floor of the facility. The facility also has a laundry room, classroom and café area located in the basement; along with a walk-in pantry and vocational education room. Generally,</p>

youth are committed to this facility for offenses ranging from misdemeanor crimes against person(s) and/or property to felony crimes against person(s) and/or property and many youth in care have experienced prior out of home placements.

Facility program activities for youth generally include: Treatment in the facility is varied and includes individualized, group, educational, medical, and psychosocial, along with other needs and topics specialized and individualized to meet the needs of each youth in care at the facility. The treatment aspect of our program is meeting youth's basic needs and providing physical and emotional safety is the foundation of treatment. Youth need to know that staff cares enough about them to expect them to succeed. This is demonstrated by staff's ability to provide safety and structure. The facility's environment is based upon maintaining safety, cleanliness, and organization at all times within a structured, positive, supportive environment.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):

a. Pre-Audit Questionnaire (PAQ)

a. Policy 9.18, Prison Rape Elimination Act (PREA)

b. Policy 3.8, Employee Conduct

c. Policy 3.23, Ethical Standards

d. Policy 9.28 Developing Relationships Section III E

e. Organizational Chart

2. Interviews:

a. PREA Coordinator

b. PREA compliance manager

Findings (By Provision):

115.311 (a). The facility is governed by the Missouri Division of Youth Services/ Department of Social Services. As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility reported having a policy outlining how it will implement the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The agency's policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The DYS Policy 9.18, (p.1), states that:

Division of Youth Services (DYS) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to

describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within DYS. This policy provides the division's approach to preventing, detecting, and responding to such conduct, within DYS residential and county detention centers contracted for reception and detention services.

Policy 3.8 further states that:

Employees are expected to be respectful and kind in their communication with youth, coworkers, and others. Employees shall not engage in language or conversation that is demeaning or otherwise perceived as offensive to youth or employees. This includes, but is not limited to name calling, cursing, telling jokes that are demeaning to others, shaming, blaming or threatening youth, co-workers, or employees. See DSS Administrative Policies 2-115 (Work Rules) and 2-120 (Code of Conduct) (pg. 4).

The agency policy also guides the interactions between staff and residents. Policy 3.23, states that:

DYS employees shall not engage in any activity that exploits youth or families including, but not limited to, social or business relationships, sexual abuse, or sexual harassment to including, but not limited to, kissing, touching, or caressing, exhibitionism, voyeurism, comments, gestures, physical contact, sexual advances, flirtation, requests for sexual favors, and any other verbal or physical conduct of a sexual nature (pg.1).

The agency policy includes a description of the agencies strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Policy 9.18, states that "DYS employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy, DSS Policy 2-124 Discipline, DSS Policy 2-101 Sexual Harassment/ Inappropriate Conduct and DYS Policy 3.8 Employee Conduct" (pg. 14).

The definitions of prohibited behaviors regarding sexual abuse and sexual harassment can be found in Policy 9.18 (Revised on 1-10-23)

Additional guidance is found in Policy 9.28 Developing Relationships Section III E.

115.311 (b). The facility employs an upper level, agency wide PREA coordinator, Judy Parrett. According to the agency organizational chart, the agency PREA coordinator reports to the HR Manager.

The facility provided an organizational chart outlining the setup of the organization.

Interviews:

PREA Coordinator: The interviewed staff reported that they have enough time to manage the PREA-related responsibilities. There are 21 PCMs throughout the agency. Any identified issues will be monitor and a corrective action plan will be

	<p>developed.</p> <p>115.311 (c). According to the PAQ, the facility has a designated PREA compliance manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure: Assistant Regional Administrator.</p> <p>The facility provided an organizational chart outlining the setup of the organization.</p> <p>Policy 9.18 PREA Section II C states that the PREA Compliance Manager: DYS mandated site-specific employee designated to coordinate the facility's efforts to comply with the PREA standards as set forth in this policy. A Youth Services Manager-Youth Facility Manager (FM) shall serve in this role at each DYS residential site (p. 1).</p> <p>Interviews:</p> <p>PREA Compliance Manager: The interviewed staff reported that they have enough time to manage the PREA-related responsibilities. The efforts to coordinate PREA standards include when getting a new a new youth intake interviews & the Safety-First packet, provide shower safety, PREA phone access, posters, and grievance forms/lockbox. An annual staffing plan is conducted, along with training and background checks of staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard. The agency has a robust policy that covers all of the required standards in addition to policies that exceeds the requirements of standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.): <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Contracts (10)

	<p>2. Interviews:</p> <p>a. Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into or renewed 12 contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA standards. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 12. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> · Contracts (10) <p>115.312 (b). As reported in the PAQ, all of the above-mentioned contracts require the agency to monitor the contractor’s compliance with PREA Standards. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor’s compliance with PREA Standards: 0.</p> <p>Interviews:</p> <p>Agency Contract Administrator-The interviewed staff reported that the agency monitors new and renewed contracts for the confinement of services to determine if the contractor complies with required PREA practices. Contracted sites are monitored and the results of the PREA audits are submitted to the agency. The agency has not entered into one or more contracts with private agencies or entities that failed to comply with the PREA standards. All sites are expected to comply with the PREA standards.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):
 - a. Pre-Audit Questionnaire (PAQ)
 - a. Policy 9.6, Facility Supervision
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Staffing Plan (9/20/2022)
 - d. Staffing Plan Annual Evaluation (3)
 - e. Unannounced Rounds (Unannounced Program Visit) - (83)
2. Interviews:
 - a. Director
 - b. PREA Coordinator
 - c. PREA compliance manager
 - d. Intermediate or higher-level staff - (2)

Findings (By Provision):

115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 13. Additionally, the average daily number of residents in which the staffing plan was predicted is 13. The facility provided policies, annual staffing plans, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.

Policy, 9.6, states that:

1. Employee Shift Scheduling:
 - a. Secure Care: Minimally, two direct care employees are scheduled and required to be with each group of youth on all shifts at all times. In addition, at least one (1) rover, per facility shall be scheduled per shift. The RA in conjunction with the ARA and site supervisor are responsible for increased coverage on specific shifts based on the needs of the facility.
 - b. Moderate Secure: Two direct care employees are scheduled and required to be with each group of youth during the day and evening shifts. A minimum of one (1)

direct care employees per group and one (1) rover per facility shall be scheduled during the overnight shift. Exceptions to rover requirements may be made for multi-facility campuses (Missouri Hills, Sears) with prior approval by the RA and the supervising deputy director. The RA in conjunction with the ARA and site supervisor may increase coverage on specific shifts based on the needs of the facility.

c. Community Based: At minimum, one (1) direct care employee is required to be scheduled with each group for all shifts; however, every effort shall be made to ensure two (2) direct care employees are scheduled with each group of youth during the day and evening shifts. The RA in conjunction with the ARA and site supervisor may increase coverage on specific shifts based on the needs of the facility.

d. In exigent circumstances and with supervising deputy director or designee approval, deviation below the minimums noted above may occur. Such deviation shall be documented, copied to the RA and supervising deputy director, and maintained by the Facility Manager (pgs. 3-4).

Policy 9.18 provides additional guidance on the standard.

Documentation Reviewed:

- Staffing Plan (9/20/2022)

Interviews:

Superintendent (Director)- The interviewed staff reported that the facility has a staffing plan. The plan is for 2:12 day and night. More often it is 3:12. Video monitoring is a part of the plan, and the plan is documented. The staffing plan will assess all of the above-mentioned areas. Compliance is checked through unannounced rounds, walk throughs, daily log reviews, staff schedules, and youth check ins.

PREA Compliance Manager-The interviewed staff reported that when assessing adequate staffing levels and the need for video monitoring by following the policy, access to the staffing plan, and completed annually on the annual staffing plan form.

PREA Audit Site Review: The auditor observed that the youth were in consistent direct supervision with staff. During the site review the youth were in school. The auditor observed that the staffing ratios exceeded the PREA requirements. There were noticeable blind spots in the gym however staff is in constant supervision of youth. Through informal conversation with staff and youth, the youth further confirmed the above. The auditor also spoke with staff in the control room who described the process of monitoring the cameras.

115.313 (b). According to the PAQ the that meets the PREA ratio standards.

Superintendent (Director): The interviewed staff reported that under no circumstance is improper staff to youth ratios acceptable. Supervisors will be informed, and staff will wait for proper relief.

115.313 (c). According to the PAQ, the facility met staffing ratios by maintaining the staffing ratios of minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours. As reported, the facility has not deviated from the staff ratios of 1:8 during waking hours and 1:16 during resident sleeping hours. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0.

Interviews:

Superintendent (Director): The interviewed staff reported that the facility is not obligated by law, regulation, or judicial decree to maintain staffing ratios.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (d). According to the Facility Staffing Plan (1/1/2022), there have been no known changes to the staffing numbers within the last 12 months. As reported in the PAQ, at least once a year the facility, in collaboration with the agency's 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.

Policy 9.6 states that, "Each residential facility shall maintain a staffing plan based on the size and security level of the facility that meets the staffing ratios as required by this policy. The staffing plans shall be reviewed as deemed necessary but at least in March of each year by the FM with input from the ARA and RA. The assessment shall determine and document whether adjustments are needed in accordance with PREA Standard 115.313 and, at minimum, shall consider the following; generally accepted juvenile detention and correctional/secure residential practices, findings of judicial, Federal investigative, internal or external oversight bodies inadequacy if exist, components of the facility's physical plant, composition of the youth population, number and placement of supervisory staff, programs and activities occurring on particular shifts, applicable State or local laws, regulations or standards and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. A copy of the staffing plan and annual review shall be maintained by the PREA Compliance Manager-FM and the Statewide PREA Coordinator" (p. 4).

Documentation Reviewed:

Staffing Plan Annual Evaluation (3)

	<p>Interviews:</p> <p>PREA Coordinator – The interviewed staff reported that they are consulted regarding any assessment, or adjustments to the staffing plan for the facilities. Additionally, there are regional staff who serve as a point person to coordinate such activities.</p> <p>115.313 (e). As reported in the PAQ, the facility has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It was further reported that the unannounced rounds covered all shifts. The auditor reviewed 83 unannounced rounds (Unannounced Program Visit); confirming the facility practice of conducting documented unannounced rounds.</p> <p>Policy 9.6, states that:</p> <ul style="list-style-type: none"> · Unannounced facility visits shall be conducted at all facilities for all shifts, at least quarterly. These visits shall be conducted by the Facility Manager, Assistant Facility Manager, ARA, or RA. · These visits shall be documented on the DYS Unannounced Program Visit Form (DYS F9-70) and maintained by the PREA Compliance Manager-FM. · Employees are prohibited from alerting each other that these unannounced visits are occurring, unless such announcement is related to the legitimate operational functions of the facility. Violation of this directive shall be grounds for disciplinary action up to and including dismissal in accordance with DSS 2-124 Discipline” (pp 4-5. 5). <p>Interviews:</p> <p>Intermediate or Higher-Level Facility Staff – The interviewed staff reported that unannounced rounds are conducted. Such rounds are completed on a form by a supervisor and placed in the PREA box. Some of the ways in which staff are monitored to prevent alerting of the rounds is via radio, coming in through various doors, and having all key access to the facility.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard. The facility exceeded the standards of staff to youth ratio.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy 5.8, Searches for Contraband
 - c. Policy 9.18, Prison Rape Elimination Act (PREA)
 - d. Policy 9.6, Facility Supervision
 - e. Policy 7.2, Standards
 - f. Staff Training Records- (29)
 - g. Training Materials
2. Interviews:
 - a. Random sample of staff -10
 - b. Random sample of residents - 10

Findings (By Provision):

115.315 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents. In the past 12 months there have been zero reported cross-gender strip or cross gender visual body cavity searches of residents.

Policy 5.8, Searches, states that, "DYS will perform body cavity or strip searches under any circumstances" (pg. 4). The policy further states that "personal searches will be conducted by a division employee in the presence of another division employee. Except in exigent circumstances the individual conducting the search shall be of the same gender of the youth. If a cross-gender search occurs, it shall be documented. For such searches that were conducted in a residential facility, this documentation shall be maintained by the PREA Compliance Manager" (pg. 5).

115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. It was also reported that there were zero pat-down searches of female residents that were conducted by male staff; and zero pat down searches of male residents conducted by female staff that did not involve exigent circumstances.

As previously stated, Policy Searches further reiterates that, will be conducted by a division employee in the presence of another division employee. Except in exigent circumstances the individual conducting the search shall be of the same gender as

the youth. If a cross-gender search occurs, it shall be documented. For such searches that were conducted in a residential facility, this documentation shall be maintained by the PREA Compliance Manager.

Interviews:

Random Sample of Staff: The interviewed staff reported all staff are restricted from conducting cross gender pat down searches. Half of the interviewed staff reported that if an emergency they may have to search but they are trained in conducting non-intrusive searches.

Random Sample of Residents- All of the interviewed random sample of residents reported that opposite gender staff have never performed a pat down search of their bodies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (c). The facility indicated in their response to the PAQ that policy requires that all cross-gender strip searches and cross-gender visual body cavity searches documentation is non applicable. However, it should be noted that the Searches policy indicates that if a cross-gender search occurs it will be documented (pg. 5). The facility reported in the PAQ that there were no cross-gender strip or cross-gender visual body cavity searches conducted at the facility in the last 12 months. As previously stated, the facility prohibits cross-gender strip or cross-gender visual cavity searches.

Policy Searches states that "Personal searches will be conducted by a division employee in the presence of another division employee. Except in exigent circumstances the individual conducting the search shall be of the same gender of the youth. If a cross-gender search occurs, it shall be documented. For such searches that were conducted in a residential facility, this documentation shall be maintained by the PREA Compliance Manager" (p. 5).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (d). As indicated in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall ensure that

cross-gender viewing and searches comply with DYS Policy 5.8 Searches for Contraband, DYS Policy 6.1 Programmatic Rights of Youth and Grievance Process, and DYS Policy 7.2 Standards which meets those requirements established in the PREA standard 115.315. DYS shall ensure that youth are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in incidental circumstances, or in exigent circumstances when such viewing is critical to the safety of the program. (p. 4).

Policy 9.6, Facility Supervision, further states that “Youth under DYS care shall receive awareness supervision at all times with only limited approved exceptions.

This supervision may be provided by either male or female employees. When cross-gender supervision takes place, the employee will announce their presence when entering a dorm or an area at times youth are likely to be showering, performing bodily functions, or changing clothing” (p. 3).

Interviews:

Random Sample of Staff: The interviewed staff were consistent in their response that staff announce their presence when entering a housing unit that houses resident of the opposite gender. After probing interviewed staff, each consistently gave similar examples of what is stated when entering the housing unit of the opposite gender. All the staff reported that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Random Sample of Residents- All but one of the interviewed random sample of residents stated that staff of the opposite gender do announce their presence when entering the housing area or where they shower, change clothes, or perform bodily functions. All residents interviewed reported that staff do not come into the area when they shower or change clothes. All the interviewed residents stated that they are never naked in full view of any staff.

PREA Audit Site Review: While conducting the site review, the auditor did not observe any youth being searched. Through random conversations with the youth and staff, it was confirmed that pat down searches do not occur.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (e.) Per the PAQ, no searches or physical examination of a transgender or intersex resident for the sole purposes of determining the resident’s genital status occurred at the facility in the past 12 months. Policy 7.2, Standards, states that “the division shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth’s anatomical gender” (pg. 6).

Interviews:

Random Sample of Staff: The interviewed staff reported the facility prohibits staff

	<p>from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.315 (f). As reported in the PAQ, the facility trained 100% of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs as such searches are prohibited.</p> <p>Documentation Reviewed</p> <p>Division of Youth Services Training Guide for physical searches of youth in a Residential Setting</p> <p>Staff Training Records (29)</p> <p>Interviews</p> <p>Random Sample of Staff: The interviewed staff reported that they did not receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs because they are restricted from conducting cross gendered pat searches.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ)

- b. Policy 6.1, Juvenile Rights (Dated 3-3-14)
 - c. Policy 8.3, Individual Education Facility-Special Education
 - d. Policy 9.18, Prison Rape Elimination Act (PREA)
 - e. Statewide NASPO ValuePoint On-Demand Remote Interpreting Services OPI, VRI and Document Translation
 - f. VERBAL LANGUAGE INTERPRETATION SERVICES - STATEWIDE
 - g. SIGN LANGUAGE INTERPRETATION SERVICES - STATEWIDE
 - h. PPT: (The and Treatment of our Youth)
 - i. PREA Handout (Spanish)
 - j. Staff Training Records (29)
 - k. Youth Grievance Form (Spanish)
2. Interviews:
- a. Random sample of staff - 10
 - b. Agency Head

Findings (By Provision):

115.316 (a). As reported in the PAQ, the facility, has established procedures to provide disabled residents 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.

Policy 6.1, Facility Programmatic Rights of Youth and Grievance Procedures, states that youth have a right to "be informed of youth rights, rules, procedures and schedules which have an impact on them. When needed, this will be provided in a manner that is sensitive to limited English proficiency or disability" (pg. 1).

Policy 8.3, Individual Education Facility-Special Education, states that:

Youth with disabilities or impairments that significantly limit one or more life functions shall have an equal opportunity to participate in or benefit from all aspects of the DYS facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. When necessary, to ensure effective communication with youth who are hearing impaired, access to interpreters will be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. For youth who have intellectual disabilities, limited reading skills or who are visually impaired, DYS shall ensure that written materials are provided in formats or through methods that ensure effective communication, as per Prison Rape Elimination Act (PREA) section 115.316.

Documentation Reviewed

Statewide NASPO ValuePoint On-Demand Remote Interpreting Services OPI, VRI and Document Translation

VERBAL LANGUAGE INTERPRETATION SERVICES - STATEWIDE

Youth Grievance Form

PPT: (The and Treatment of our Youth)

Staff Training (29)

Interviews:

Agency Head - The interviewed agency head reported that the agency has established procedures to provide residents with disabilities and residents who are limited English proficiency 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.

PREA Audit Site Review: During the onsite review the auditor observed that the youth had access to interpretation services. Through informal conversations with staff, they have not observed or needed to access interpretation services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (b). As reported in the PAQ, the facility has established procedures to provide residents with limited English proficiency 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. As previously indicated Policy 8.3, Individual Education Facility-Special Education, states that:

Youth with disabilities or impairments that significantly limit one or more life functions shall have an equal opportunity to participate in or benefit from all aspects of the DYS facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. When necessary, to ensure effective communication with youth who are hearing impaired, access to interpreters will be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. For youth who have intellectual disabilities, limited reading skills or who are visually impaired, DYS shall ensure that written materials are provided in formats or through methods that ensure effective communication, as per Prison Rape Elimination Act (PREA) section 115.316.

Policy 6.1 (Juvenile Rights) provides additional guidance on the standard.

Documentation Reviewed:

Statewide NASPO ValuePoint On-Demand Remote Interpreting Services OPI, VRI and Document Translation

	<p>VERBAL LANGUAGE INTERPRETATION SERVICES - STATEWIDE</p> <p>Youth Grievance Form</p> <p>PPT: (The and Treatment of our Youth)</p> <p>Staff Training Records (29)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.316 (c). As reported in the PAQ, the facility prohibits the use of resident interpreters, readers, or other types of resident assistance and there were zero instances where resident interpreters, readers, or other types of resident assistants have been used.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA), "DYS shall not rely on youth interpreters, 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" (p. 4).</p> <p>Interviews:</p> <p>Random Sample of Staff: The interviewed random sample of staff reported that they do not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Several staff reported that they would get an interpreter if one was needed. Staff reported they do not have any residents that would need the use of a resident interpreter, resident reader, or any type of resident assistant.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-audit Questionnaire (PAQ)
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Policy 2-107, Background Checks on Current Employees (Revised 4/22/22)
 - d. Background Check (25)
 - e. Application for Employment (4)
 - f. Pre-Employment Reference Check (4)
 - g. Email Correspondence (2019/2020/2021 Annual Background Check Results)
2. Interviews:
 - a. HR administrator

Findings (By Provision):

115.317 (a). As reported in the PAQ, the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile 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 threats of force, or coercion, of 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 the activity described in paragraph (a) (2) of this section.

All the above areas are asked in the pre-employment questionnaire. In which the employee must acknowledge and sign. Policy 9.18, Prison Rape Elimination Act (PREA), further reiterates the above requirements.

Documentation Reviewed:

- a. Application for Employment (4)
- b. Pre-Employment Reference Check (4)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (b). As reported in the PAQ, the agency, has a policy that requires the consideration of 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 the residents.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist in the services of any contractor, who may have with youth" (p. 5).

Interviews:

Administrative (Human Resources) Staff - The interviewed staff reported that the facility consider prior incidents of sexual harassment in determining whether to hire or promotion anyone, or to enlist the services of any contractor, who may have contact with residents. All complete the DYS Addendum to DSS Application for Employment which asks; while working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of an inmate, detainee, client, or resident of the facility?" When supervisors conduct reference checks, if the applicant indicated they worked at or volunteered at a residential facility (prison, jail, juvenile facility, etc.), the supervisor will ask the individual providing the reference the PREA questions listed on page two of the reference check form. Number three asks "while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility?"

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (c). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) 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.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 24.

DSS Policy 2-107- Applicants for employment/Placement provides guidance on the above requirements.

Documentation Reviewed:

Background Checks (25)

Interviews:

Administrative (Human Resources) Staff - The interviewed staff reported the facility consider prior incidents of sexual harassment in determining whether to hire or promotion anyone, or to enlist the services of any contractor, who may have contact

with residents. All complete the DYS Addendum to DSS Application for Employment which asks; while working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of an inmate, detainee, client, or resident of the facility?" When supervisors conduct reference checks, if the applicant indicated they worked at or volunteered at a residential facility (prison, jail, juvenile facility, etc.), the supervisor will ask the individual providing the reference the PREA questions listed on page two of the reference check form. Number three asks "while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility?".

DSS 2-107 Policy (Background Checks) outlines that an annual check of Missouri open criminal records is conducted on all DSS employees, volunteers and designated contracted staff. Additionally, DSS therefore DYS participates in the Missouri and National Rap Back programs and receives notification when an employee is arrested.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (d). The facility indicated in their response to the PAQ that agency policies require that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders Policy 9.18, Prison Rape Elimination Act (PREA), states that:

- 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.
- DYS shall conduct annual criminal background records checks as defined in DSS 2-107 Background Checks on current employees, volunteers/student practicums, and contractors who may have unsupervised contact with youth (p. 5).

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1.

Interviews:

Administrative (Human Resources) Staff - The interviewed staff reported that the facility consider prior incidents of sexual harassment in determining whether to hire or promotion anyone, or to enlist the services of any contractor, who may have contact with residents. All complete the DYS Addendum to DSS Application for Employment which asks; while working or volunteering at any facility, were you

terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of an inmate, detainee, client, or resident of the facility?" When supervisors conduct reference checks, if the applicant indicated they worked at or volunteered at a residential facility (prison, jail, juvenile facility, etc.), the supervisor will ask the individual providing the reference the PREA questions listed on page two of the reference check form. Number three asks "while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility?"

Documentation Reviewed

- Background Checks (2)

115.317 (e). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

DSS Policy 2-107, Background Checks on Current Employees, states that "Criminal Records An annual check of Missouri open criminal records is conducted on all DSS employees and volunteers. DSS must ensure all identified employees with access to FTI have a reinvestigation of their background check which meets IRS guidelines every ten (10) years" (pg. 3).

Interviews

Administrative (Human Resources) Staff- The interviewed staff reported that DSS 2-107 Policy (Background Checks) outlines that an annual check of Missouri open criminal records is conducted on all DSS employees, volunteers and designated contracted staff. Additionally, DSS therefore DYS participates in the Missouri and National Rap Back programs and receives notification when an employee is arrested.

115. 317 (f). The agency has all newly hired and promoted employees complete a Pre-Employee Questionnaire form. Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall ask prospective employees and DYS promotional candidates about previous misconduct described in paragraph (a) of this section by requiring them to complete the Department of Social Services (DSS) Employment Application DYS Addendum, in addition to the DSS Employment Application. The division shall also impose upon employees a continuing affirmative duty to disclose any such misconduct as defined in DYS Policy 3.8 Employee Conduct and DSS Policy 2-107 Background Checks" (pg. 6).

The agency reported that process require the following:

- 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 that the applicant's background check is complete and the applicant is cleared to begin work/providing services.

Documentation Reviewed:

- Email Correspondence (2019/2020/2021 Annual Background Check Results)

Interviews:

Administrative (Human Resources) Staff - The interviewed staff reported that the facility ask all applicants and employee who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. New hires and those promoting from non-direct care to direct care complete the DYS Addendum to DSS Application for Employment which asks; while working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of an inmate, detainee, client, or resident of the facility?".

DSS 2-107 Policy (Background Checks), DSS Policy 2-115 (Work Rules) and DYS Policy 3.8 (Employee Conduct) all notify employee of their responsibility to report any criminal acts, if they have been arrested, convicted, found guilty, pled guilty or no contest or nolo contendere, or received a suspended imposition of sentence (regardless of whether incarceration actually occurred) and if they have been involved as a perpetrator in any child or elderly abuse which was substantiated or determined by a preponderance of the evidence, probable cause or reason to suspect.

115.317 (g). According to the PAQ, the agency's policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination. The agency's Policy 9.18, Prison Rape Elimination Act (PREA), states that "material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination" (pg. 6).

The final analysis of the evidence indicates the facility considers material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Both the Pre-Employment Questionnaire and facility policies provide evidence to compliance with the standard. Based upon the evidence and analysis, the auditor finds the facility meets standard 115.317 (g).

115.317 (h). The agency's Policy 9.18, Prison Rape Elimination Act (PREA), states that "unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former

	<p>employee upon receiving a request from an institutional employer for whom such employee has applied to work. Refer to DSS Policy 5-102 (Personnel Records) for further guidance” (pg. 6).</p> <p>Interviews:</p> <p>Administrative (Human Resources) Staff- The interviewed staff reported that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegation of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Superintendent (Director) <p>Findings (By Provision):</p> <p>115.318 (a). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when designing, acquiring, or planning substantial modifications the agency will consider making any possible changes and its ability to protect residents from sexual abuse by having staff visit the sites and conduct walk throughs to determine needed changes.</p> <p>Superintendent (Director) – The interviewed staff reported that there are no</p>

	<p>substantial expansions or modifications to the facility since August 20, 2012, or the last PREA audit.</p> <p>A review of the appropriate documentation and review of relevant polices indicate that the facility is compliant and exceeds the requirements of the provision of this standard. No corrective action is warranted.</p> <p>115.318 (b). The facility reported in the PAQ that they have not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p>Interviews:</p> <p>Agency Head - The interviewed agency head reported that monitoring technology is used to address blind spots and determine how to address any needed changes.</p> <p>Superintendent (Director) - The interviewed staff reported that placement of video cameras and clarity of the screen when coordinating to install cameras.</p> <p>A review of the appropriate documentation and review of relevant polices indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. St. Louis Children’s Hospital (provider) d. Missouri's Network of Child Advocacy Centers and SAFE-CARE Provider e. Child Welfare Manual

- f. Agency Staff Member Advocates
 - g. Memorandum PREA Standard 115.321 (f)-1 DYS external investigation agencies
DATE: February 16, 2022
 - h. Alabaster Treatment and Consultations LLC
 - i. Corrective Action: Additional Training on handling evidence (Dated 4/26/2023)-19
2. Interviews:
- a. Random sample of staff - 10
 - b. PREA compliance manager

Findings (By Provision):

115.321 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations. The agencies responsible for conducting administrative and criminal investigations are CD-OHI and the Division of Legal Services- Investigation Unit.

Documentation Reviewed:

- Corrective Action: Additional Training on handling evidence (Dated 4/26/2023)-19

Interviews:

Random Sample of Staff: The interviewed random sample of staff reported that they were aware of the agency's protocol for obtaining usable physical evidence. When probed the staff reported various things such as putting gloves on, bag items, call the hotline, or not sure.

Corrective Action: When interviewing the staff, they did not appear to have a full grasp of the requirements of handling evidence. The auditor recommended that the direct care staff receive additional training in how to handle evidence. The facility provided documentation of the additional training that was provided to the staff on 4/26/2023. No further action is required.

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.321(b). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations.

A review of the appropriate documentation and review of relevant policies indicate

that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (c). The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that residents are that forensic medical examinations are offered without financial cost to the victim. The facility also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner.

Policy 9.18, Prison Rape Elimination Act (PREA), states that:

- Treatment services will be provided to all victims of abuse as outlined in DYS Policy 7.4 Access to Health Care Services, regardless of the victim's willingness to name the abuser or cooperate in any subsequent investigation.
- Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident. (p. 16).

Documentation Reviewed

St. Louis Children's Hospital (provider)

Missouri's Network of Child Advocacy Centers and SAFE-CARE Provider

Child Welfare Manual

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documented efforts to secure services from the Child Advocacy Center of Northeast Missouri.

As previously stated, Policy 9.18, Prison Rape Elimination Act (PREA), states that:

- DYS shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. DYS shall document efforts to secure services from rape crisis centers/child advocacy center.
- As requested by the victim, the victim's parent(s)/guardian(s), a victim advocate, or a trained or licensed DYS direct care employee such as a Clinical Coordinator or Regional Psychologist, shall accompany and support the victim

through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Such services shall be documented on the Critical Incident Review Form F9-71 (pp. 6-7).

Documentation Reviewed

Agency Staff Member Advocates

Alabaster Treatment and Consultations LLC

Interviews:

PREA Compliance Manager – The interviewed staff reported that CD/OHI provides contact to a victim advocate. They would need to sign a MOU and we would explain what is expected from them. The SV and clinical coordinators check them out.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. As previously stated, Policy 9.18, Prison Rape Elimination Act (PREA), states that:

- DYS shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. DYS shall document efforts to secure services from rape crisis centers/child advocacy center.

- As requested by the victim, the victim’s parent(s)/guardian(s), a victim advocate, or a trained or licensed DYS direct care employee such as a Clinical Coordinator or Regional Psychologist, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Such services shall be documented on the Critical Incident Review Form F9-71 (p. 6-7).

Interviews

PREA Compliance Manager – The interviewed staff reported that CD/OHI provides contact to a victim advocate. They would need to sign a MOU and we would explain what is expected from them. The SV and clinical coordinators check them out.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (f). As indicated in the PAQ the facility is not responsible for conducting administrative and criminal investigations; however the agency has requested that

	<p>the responsible agency follow the requirements of paragraph 115.321 (a) through (e) of the standards.</p> <p>Documentation Reviewed:</p> <p>Memorandum PREA Standard 115.321 (f)-1 DYS external investigation agencies DATE: February 16, 2022</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.321 (g). The auditor is not required to audit this section.</p> <p>115.321 (h). Policy & Procedures, PREA Evidence Protocol, Forensic Medical Examinations, RR-PREA.321, indicated that the facility will have available to the victim a victim advocate. It further stated that the facility will make available to the victim, victim advocacy services provided by a trained qualified facility staff member or a community-based provider.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 3.8, Employee Conduct d. Policy 6.1, Programmatic Rights of Youth & Grievances 2. Interviews: <ol style="list-style-type: none"> a. Agency head

b. Investigator - 2

Findings (By Provision):

115.322 (a). The facility reported in the PAQ that the agency ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. In the past 12 months, the number of allegations resulting in an administrative investigation: 0. In the past 12 months, the number of allegations referred for criminal investigation: 0.

Policy 9.18, Prison Rape Elimination Act (PREA), that “DYS shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in *DYS Policy 3.8 Employee Conduct* and *DYS Policy 6.1 Facility Programmatic Rights of Youth and Grievance Process*” (pg.7). *Policy 3.8, Employee Conduct*, further states that “DYS will work with both entities to remain informed as the investigation progresses and ensure that an administrative or criminal investigation is completed” (p. 7).

Interviews:

Agency Head – The interviewed agency head reported that there is an agency process to ensure administrative and criminal investigations are conducted. The agency has a process for residents who are under the age of 18 and for those who are over the age of 18.

115.322 (b). As reported in the PAQ, the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Policy 9.18, Prison Rape Elimination Act (PREA), states that:

- DYS shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim’s age as defined in *DYS Policy 3.8 Employee Conduct*. *DYS* has conveyed the PREA requirements to appropriate external investigating agencies.

- When outside agencies investigate sexual abuse and sexual harassment, the *DYS* shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (p. 6).

The MO Division of Youth Services Fundamental Practices provides additional guidance on the provision.

DYS Fundamental Practices under Additional Resources at this link: [Missouri Social Services, Division of Youth Services | Missouri Department of Social Services](#)

	<p>(mo.gov).</p> <p>Documentation Reviewed</p> <p>Mandatory Reporting/Hotline Reporting Form</p> <p>Interviews:</p> <p>Investigative Staff - The interviewed staff reported that the agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.322 (c). As reported, the facility is not responsible for conducting administrative or criminal investigations.</p> <p>115.322 (d). The auditor is not required to audit this provision of the standard.</p> <p>115. 322 (e). The auditor is not required to audit this provision of the standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 3.18, Training d. PREA Training Overview e. PREA Signed Acknowledgement Forms/Attestation of Completion of Training, Understanding PREA - (48)

2. Interviews:

a. Random sample of staff - 13

Findings (By Provision):

115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335" (p. 7). Additionally, the policy states that "All DHS employees are required to complete PREA and DHS (The Care and Treatment of Our Youth) training in accordance with DHS Policy 3.18 (Training). The training module will be tailored for all genders of youth populations to ensure employees hired to work at a facility for one gender has the ability during staff shortages to work at other facilities that may house youth of the opposite gender. Additionally, the training module will address potential unique needs and attributes of all DHS youth. Specific DHS employee training requirements may be found In DHS Policy 3.18 (Training)" (p. 7). Policy 3.18 provides additional guidance on staff training requirements.

Documentation Reviewed

- PREA Training Overview

- PPT: The Care and Treatment of our Youth

- Staff Training Records (48)

Interviews

Random Sample of Staff - The interviewed staff reported that they have been trained on the agencies zero tolerance policy for sexual abuse and sexual harassment. The staff reported that the training included:

- a. The agency's zero-tolerance policy on sexual abuse and sexual harassment?
- b. How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures?
- c. Resident's right to be free from sexual abuse and sexual harassment?
- d. Residents' and employees' right to free from retaliation for reporting sexual abuse and sexual harassments?
- e. The dynamics of sexual abuse and sexual harassment in confinement?
- f. The common reactions of sexual abuse and sexual harassment victims?
- g. How to detect and respond to signs of threatened and actual sexual abuse?
- h. How to avoid inappropriate relationship with residents?
- i. How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender nonconforming residents?
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
- k. Relevant laws regarding the applicable age of consent?

The staff consistently reported that they were trained in initial hire and that they receive annual training. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming. One member of staff could not recall if they were trained on age of consent.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. The PAQ further states that employees who are reassigned from facilities housing the opposite gender are given additional training.

Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335” (p. 7). Additionally, the policy states that “All DHS employees are required to complete PREA and DHS (The Care and Treatment of Our Youth) training in accordance with DHS Policy 3.18 (Training). The training module will be tailored for all genders of youth populations to ensure employees hired to work at a facility for one gender has the ability during staff shortages to work at other facilities that may house youth of the opposite gender. Additionally, the training module will address potential unique needs and attributes of all DHS youth. Specific DHS employee training requirements may be found In DHS Policy 3.18 (Training)” (p. 7). Policy 3.18 provides additional guidance on staff training requirements.

Statement “115.331 (a)-1 The Division of Youth Services DHS and PREA Staff Training Module is tailored for all genders of youth populations as DHS direct care employees may be hired for a facility housing one gender but during staff shortages will occasionally work in facilities housing youth of the opposite gender. Additionally, some direct care employees work in DHS Day Treatment facilities or the field with all genders of youth”.

Documentation Reviewed

- Staff Training Records (48)

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (c). As reported in the PAQ, between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually.

Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335” (p. 7). Additionally, the policy states that “All DHS employees are required to complete PREA and DHS (The Care and Treatment of Our Youth) training in accordance with DHS Policy 3.18 (Training). The training module will be tailored for all genders of youth populations to ensure employees hired to work at a facility for one gender has the ability during staff shortages to work at other facilities that may house youth of the opposite gender. Additionally, the training module will address potential unique needs and attributes of all DHS youth. Specific DHS employee training requirements may be found In DHS Policy 3.18 (Training)” (p. 7). Policy 3.18 provides additional guidance on staff training requirements.

Documentation Reviewed

	<ul style="list-style-type: none"> · Staff Training Records (48) · MO DIVISION OF YOUTH SERVICES FUNDAMENTAL PRACTICES <p>115.331 (d). The PAQ indicated that the agency requires employees who may have contact with residents to document, via signature, that they understand the training they received.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Staff Training Records (48) <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 3.18, Training c. Policy 9.19 (Treatment) d. Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors) (1) 2. Interviews: <ol style="list-style-type: none"> a. Contractor -1 <p>Findings (By Provision):</p> <p>115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained in their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with</p>

residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0.

Policy 3.18, Training, states that "Supervisor shall review with volunteer/practicum and contractual employee the DYS Fundamental Practices and PREA Cover Memo. The PREA Compliance Manager shall maintain a copy of the signed form" (pg. 8).

Policy 9.19 (Treatment) states that "All volunteers, interns and practicum students shall read and sign the DYS Fundamental Practices along with the Fundamental Practices cover letter and receive orientation and training appropriate to the nature of their involvement. The signed DYS Fundamental Practices and Fundamental Practices cover letter shall be maintained by the PREA Compliance Manager "(p. 2).

Documentation Reviewed

MO DIVISION OF YOUTH SERVICES FUNDAMENTAL PRACTICES

Interviews

Volunteer(s) or Contractor(s) who have Contact with Residents - The interviewed contracted staff reported that they have been trained on their responsibility to prevent, detect, and respond to the agency policy on sexual abuse and sexual harassment.

115.332 (b). The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Documentation Reviewed

MO DIVISION OF YOUTH SERVICES FUNDAMENTAL PRACTICES

Interviews

Volunteer(s) or Contractor(s) who have Contact with Residents - The interviewed contracted staff reported that the training consisted of reviewing the DYS fundamental practices and a cover letter with the supervisor. They met with the facility manager to discuss the program procedures regarding interactions with youth and the reporting protocol. It was further reported that they were notified of the agency zero tolerance policy for sexual abuse and sexual harassment.

115.332 (c). As reported in the PAQ, the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

Documentation Reviewed

Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors). (1)

	<p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.5, Residential Care c. Policy 8.3, Individual Education Facility Special Education d. PREA Brochure (English, Spanish) e. Signed Residential Education Statements (Student Admits PREA Education) - 20 2. Interviews: <ol style="list-style-type: none"> a. Intake staff - 1 b. Random sample of residents - 10 3. On-site observation <ol style="list-style-type: none"> a. PREA Posters <p>Findings (By Provision):</p> <p>115.333 (a). As reported in the PAQ, resident’s receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The number of residents admitted in the past 12 months who were given this information at intake: 27. It was further reported that the information is provided in an age-appropriate fashion.</p> <p>Policy 9.5 Residential Care indicates that upon a youth’s arrival at the assigned residential facility they “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” (p. 2).</p> <p>Documentation Reviewed</p>

- Intake records of residents entering the facility in the last 12 months (20).
- Resident Handbook

Interviews

Intake Staff - The interviewed intake staff reported that residents are provided information about the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment verbally and the sign the Safety 1st packet. We verbally go over the information with them to make sure that they understand, and it is also discussed during the group meetings.

Resident Interview Questionnaire- All but one of the interviewed residents reported that when they first came to the facility, they received information about the facility's rules against sexual abuse and harassment. The information was typically received on the first day or within the first week. One resident reported that they were not given any information. When probed the resident stated that they were given an information packet that they signed but they could not recall what was in the packet.

PREA Audit Site Review: The auditor was not able to observe an intake as there were no new intakes during the onsite portion of the audit. Informal conversation with staff discussed the process of how PREA related information is provided to the youth upon intake.

115.333 (b). As reported in the PAQ, 27 residents that were admitted in the facility during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their right to be free from both sexual abuse/ harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents.

Documentation Reviewed

- Intake records of residents entering the facility in the last 12 months (spot check).
- Log or other record corroborating that those residents received information at intake (e.g., resident signatures).
- Any relevant education materials (e.g., resident handbook) to ensure that relevant information is covered and material is presented in age appropriate fashion.

Interviews

Intake Staff - The interviewed staff reported that the agency ensures that the youth receive the agencies zero tolerance policy on sexual abuse and sexual harassment by going over the information during the intake interviews. The Youth Safet 1st packet is completed as well as PREA information posted throughout the facility. PREA topics are also discussed during the group meetings. The information is

provided to them upon their initial arrival at the facility.

Resident Interview Questionnaire- All but one of the interviewed residents reported that when they first came to the facility, they received information about the facility's rules against sexual abuse and harassment. The information was typically received on the first day or within the first week. One resident reported that they were not given any information. When probed the resident stated that they were given an information packet that they signed but they could not recall what was in the packet.

PREA Audit Site Review: During the onsite site review it was determined that PREA education is provided in person, however the agency also has a video for the youth. The PREA related material is appropriate for the site population.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the facility. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation. Policy 9.05, Residential Care states that, "residential placement 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" (pg. 2).

Documentation Reviewed

- Resident Handbook Signed (20)

Interviews

Intake Staff - The interviewed intake staff reported that residents are provided information about the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment verbally and the sign the Safety 1st packet. We verbally go over the information with them to make sure that they understand, and it is also discussed during the group meetings.

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. Policy 8.3, Individual Education Facility and Special Education, states that:

Youth with disabilities or impairments that significantly limit one or more life functions shall have an equal opportunity to participate in or benefit from all aspects of the DYS facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. When necessary, to ensure effective communication with youth who are hearing impaired, access to interpreters will be provided who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. For youth who have intellectual disabilities, limited reading skills or who are visually impaired, DYS shall ensure that written materials are provided in formats or through methods that ensure effective communication, as per Prison Rape Elimination Act (PREA) section 115.316 (pg. 2).

	<p>Documentation Reviewed</p> <ul style="list-style-type: none"> · PREA Education: Safety 1st (English and Spanish) <p>A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. There were no residents who met the criteria of this provision to be interviewed at the time of the audit.</p> <p>115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Resident Handbook Signed (20) <p>115.333 (f). The facility reported in the PAQ that the agency will ensure that kkey information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.”</p> <p>PREA Audit Site Review: Based on site review, the PREA materials (including posters, resident handbooks, and brochures) were available in both English and Spanish. The residents housed at the facility had ready access to PREA-related material. During the site tour PREA related resident education was found in the intake area, along with the housing unit.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 3.18, Training d. Medical and Mental Health Training Records (2)

i. Specialized Training (PREA Resource Center)

ii. General PREA Training

2. Interviews:

a. Medical and mental health staff - 2

Findings (By Provision):

115.335 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 1. The percentage of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335" (pg. 7). The Policy 3.18, Training, further reiterates that:

Medical and Mental Health Care Providers:

1. DYS employed medical and mental health care providers such as; Register Nurse, License Practical Nurse and Regional Psychologist shall complete training in accordance with sections III B. numbers 2. and 4 of this policy.

2. (Core ACT training requirements) and number 4. Additional ACT training required of all direct care employees) of this policy.

3. DYS employed medical providers such as; Register Nurse Senior, Register Nurse and License Practical Nurse shall Complete the Prison Rape Elimination Act (PREA) Medical Health Care for Sexual Assault Victims in a Confinement Setting Course <http://nicic.gov/library/027696>

4. Contracted medical and mental health care providers who work regularly in DYS facility's shall review and signed the DYS Fundamental Practices and PREA cover memo. The PREA Compliance Manager shall maintain a copy of the signed form. The manager may also review DYS facility specific Information to include safety/security requirements with the providers (p. 10)

Documentation Reviewed

- Training records (2)

Interviews

Medical and Mental Health Staff - The interviewed staff were able to provide evidence of training to support their knowledge and understanding to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting documentation responsibilities.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335 (b). The facility does not conduct forensic medical examinations.

Interviews

Medical and Mental Health Staff - Interviews further confirmed that staff are not

	<p>trained to conduct such examinations.</p> <p>A review of the appropriate documentation and review of relevant polices indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.</p> <p>115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> • Training Records (2) <p>A review of the appropriate documentation review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>111.335 (d). Medical and mental health care practitioners also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> • Training Records (2) <p>A review of the appropriate documentation review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 3.18, Training d. Medical and Mental Health Training Records (2) <ol style="list-style-type: none"> i. Specialized Training (PREA Resource Center)

ii. General PREA Training

2. Interviews:

a. Medical and mental health staff - 2

Findings (By Provision):

115.335 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 1. The percentage of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335" (pg. 7). The Policy 3.18, Training, further reiterates that:

Medical and Mental Health Care Providers:

1. DYS employed medical and mental health care providers such as; Register Nurse, License Practical Nurse and Regional Psychologist shall complete training in accordance with sections III B. numbers 2. and 4 of this policy.
2. (Core ACT training requirements) and number 4. Additional ACT training required of all direct care employees) of this policy.
3. DYS employed medical providers such as; Register Nurse Senior, Register Nurse and License Practical Nurse shall Complete the Prison Rape Elimination Act (PREA) Medical Health Care for Sexual Assault Victims in a Confinement Setting Course <http://nicic.gov/library/027696>
4. Contracted medical and mental health care providers who work regularly in DYS facility's shall review and signed the DYS Fundamental Practices and PREA cover memo. The PREA Compliance Manager shall maintain a copy of the signed form. The manager may also review DYS facility specific Information to include safety/security requirements with the providers (p. 10)

Documentation Reviewed

- Training records (2)

Interviews

Medical and Mental Health Staff - The interviewed staff were able to provide evidence of training to support their knowledge and understanding to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform health care reporting documentation responsibilities.

	<p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.335 (b). The facility does not conduct forensic medical examinations.</p> <p>Interviews</p> <p>Medical and Mental Health Staff - Interviews further confirmed that staff are not trained to conduct such examinations.</p> <p>A review of the appropriate documentation and review of relevant polices indicate that the facility is compliant with the provisions of this standard. No corrective action is warranted.</p> <p>115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Training Records (2) <p>A review of the appropriate documentation review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>11.335 (d). Medical and mental health care practitioners also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Training Records (2) <p>A review of the appropriate documentation review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Policy 9.5, Residential Care
 - d. Policy 6.7,
 - e. Policy 9.01
 - f. Risk Assessment (20)
 - g. Risk Reassessment (7)
2. Interviews:
 - a. Staff responsible for Risk Screening - 1
 - b. Random sample of residents - 10
 - c. PREA coordinator
 - d. PREA compliance manager

Findings (By Provision):

115.341 (a). As reported in the PAQ, the agency has a process in place to screen and support the youth in care. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 22. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.

Policy 9.5, Residential Care, provides the following guidance:

Residential Pre-Placement Planning

- A. Following assessment, the SC shall recommend residential placement to the SC team and/or SC supervisor (SCS).
- B. After discussion with the SC team and/or supervisor, a final placement decision is made and the SCS shall ensure the residential facility is contacted and appropriate case file information is provided prior to the youth's arrival.
- C. Upon notification that a youth is being assigned to a residential facility, designated residential staff shall ensure receipt and review of case information and

complete section A of the PREA Vulnerability Information Review form (PVIR) DYS form F9-72.

D. 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 facility.

Residential Placement

A. Upon a youth's arrival to the assigned residential facility, designated residential employees shall follow intake procedures outlined below:

a. Complete remaining sections of the PVIR form F9-72

i. within 72 hours.

b. Complete and enter the Juvenile Movement Form

B. (DYS: F4-11) in accordance with DYS Administrative Policy 4.2 (On-Line Information Tracking System).

a. Provide youth with the Youth/Parent Handbook 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).

b. 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.

c. Complete Restraint Training in accordance with DYS Administrative Policy 3.18 (Training).

d. Complete Facility Health Screen form DYS: F7-17 in accordance with DYS Administrative Policy 7.2 (Standards).

e. Complete Nursing Assessment in accordance with DYS Administrative Policy 7.2 (Standards).

f. Ensure parent(s)/legal guardian(s) is notified of youth's arrival.

g. Any additional procedures set forth in the facility's facility manual in accordance with DYS Policy 5.12 Establishment and Maintenance of Manuals.

Policy 9.18 further reiterates that "Upon a youth's entry into the facility, intake procedures set forth in DYS Policy 9.5 Residential Care shall be followed" (p. 8).

Documentation Reviewed

· Risk Screenings (20)

· Risk reassessments (7)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that a risk screening (PVIR) is conducted upon admission into the facility. The screening typically takes place on the first day. The information is ascertained by the facility manager or group leader. The person conducting the assessment will review the youths file and speak to the youth. Reassessments occur every six months.

Resident Interview Questionnaire: Eight of the ten interviewed residents were at the facility for less than 12 months. Of the eight, all but two of the interviewed residents reported that when they first arrived at, they were asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender and whether they have a disability or think they may be in danger of sexual abuse. Only half the residents could recall if they had been asked those questions again. It should also be noted that several of the residents had recently arrived at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument. As previously stated, Policy 9.1 provides guidance on the process for conducting the risk screenings.

Documentation Reviewed

- PREA VULNERABILITY INFORMATION REVIEW (PVIR) SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM (blank)
- Facility Health Screening (blank)
- Initial Health Screening (blank)

115.341 (c). At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interview

Staff Responsible for Risk Screening – The initial screening information is all documented in the PVIR. All the information we need to determine risk is conducted through the screening tool.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (d). This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that a risk screening (PVIR) is conducted upon admission into the facility. The screening typically takes place on the first day. The information is ascertained by the facility manager or group leader. The person conducting the assessment will review the youths file and speak to the youth

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (e). The agency shall implement 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.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "information received during assessment shall be disseminated in accordance with DYS Policy 4.1 Official Case File Requirements and Maintenance". (p. 8)

Interviews

PREA Coordinator - The interviewed staff reported that the agency has outlined who should have access to a resident's risk assessment with the facility. The information shall be placed in a locked file cabinet in an office.

PREA Compliance Manager - The interviewed staff stated that the agency outlines who can have access to a resident's information from risk screening during intake. The PVIR is reviewed for extra bed or bed placement, extra shower group, extra supervision additionally to the supervisor we provide, daily staff notes check, daily staff log checks, weekly staff team meetings, team meeting education and nurse follow ups.

Staff Responsible for Risk Screening - Youth files are in a cabinet in the administrative office. Direct care staff and supervisors could have access to the files, but you would have to go through a supervisor to obtain.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

	<p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 9.8, Separation d. Policy 6.1, Programmatic Rights of Youth and Grievance Process e. Memo: Resident Housing Assignments (Dated 1/5/2021) f. Reassessment (7) 2. Interviews: <ol style="list-style-type: none"> a. PREA compliance manager b. PREA coordinator c. Staff responsible for Risk Screening - 1 d. Superintendent (Director) e. Medical and mental health staff - 2 f. Randomly selected staff - 13 3. Onsite Tour <ol style="list-style-type: none"> a. Review of housing units <p>Findings (By Provision):</p> <p>115.342 (a). As stated in the PAQ, the facility uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse. Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall use information obtained during</p>

the comprehensive assessment and facility intake procedures to make placement decisions with the goal of keeping all youth safe and free from sexual abuse. Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status” (p. 8).

Documentation Reviewed

· PREA VULNERABILITY INFORMATION REVIEW (PVIR) SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM (7)

Interviews

PREA Compliance Manager – The interviewed staff stated that the agency outlines who can have access to a resident’s information from risk screening during intake. The PVIR is reviewed for extra bed or bed placement, extra shower group, extra supervision additionally to the supervisor we provide, daily staff notes check, daily staff log checks, weekly staff team meetings, team meeting education and nurse follow ups.

Staff Responsible for Risk Screening – The information from the risk screening is used to determine bed and shower assignment; along with advocate assignment. Overall, it is used for programming as well.

115.342 (b). As stated in the PAQ, the facility, has a policy that indicates that that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months. 0. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months. 0.

Policy 9.8, Separation, states that “The Division of Youth Services (DYS) may utilize separation, but only as a last resort in those extreme instances when the safety of the youth and others cannot be met through other treatment and crisis intervention strategies” (pg. 1).

The same policy further elaborates that:

When a youth is separated Minimal standards for conditions in accordance with 211.343 RSMo and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall include, but not be limited to:

a. The youth shall be provided adequate bedding for use during normal sleeping hours which shall be removed for the remainder of the day.

b. The youth shall have the opportunity to shower once each day and shall be provided adequate personal hygiene articles.

c. The youth shall be entitled to a minimum of one hour per day recreation outside the separation room.

d. Attempts shall be made daily to provide the youth with educational materials which will allow the youth to remain current with his/her educational facility.

e. Non-academic reading material shall be made available to the youth.

f. The youth shall have the opportunity for three meals daily.

g. The youth shall have the opportunity to wear appropriate clothing for the season.

Policy 9.8 PREA Section III D. 2. d., provides additional guidance on the above.

Interviews

Superintendent (Director) – Resident isolation is not utilized at the campus.

Medical and Mental Health Staff – The interviewed staff reported that the facility does not utilize isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (c). As reported in the PAQ, the facility prohibits placing lesbian, gay, bisexual, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification status. The PAQ further reiterates that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS shall use information obtained during the comprehensive assessment and facility intake procedures to make placement decisions with the goal of keeping all youth safe and free from sexual abuse. Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status.” (pg. 8).

Policy 6.1, Programmatic Rights of Youth and Grievance Process, states that “youth have the right to “Not be discriminated against because of race, color, national origin, ancestry, sex, sexual orientation, gender identity, disability or religion” (pg. 1).

Interviews

PREA Coordinator/PREA Compliance Manager – The interviewed staff reported that

the facility does not have special housing for lesbian, gay, bisexual, transgender, or intersex residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (d). As reported in the PAQ, the facility makes housing and facility assignments for transgender or intersex residents in a facility on a case-by-case basis.

Interviews

PREA Compliance Manager - The interviewed staff reported that the agency/facility determine housing and program assignments for transgender or intersex residents; and decisions are made on a case-by-case basis on the individual needs of the youth.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (e). Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Interviews

PREA Compliance Manager - The agency considers whether the placement will consider the resident's health and safety.

Staff Responsible for Risk Screening - The interviewed staff reported that the views of safety are given serious consideration in placement and programming for transgender or intersex residents. The review will occur every six months.

115.342 (f). A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Interviews

PREA Compliance Manager - The agency considers whether the placement would present management or security problems.

Staff Responsible for Risk Screening - The interviewed staff reported that the views of safety are given serious consideration in placement and programming for transgender or intersex residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

	<p>115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.</p> <p>Interviews</p> <p>PREA Compliance Manager - The interviewed staff reported that placement and programming assignments for each transgender or intersex resident is reassessed to review any threats to safety experienced by the resident. This is done through daily log entries, daily staff note entries, staff weekly assessments, bi-weekly advocate notes to the SC, weekly team meetings and every six months there is an Administrative Review. Reviewing and assessing the treatment progress. Part of the assessment is a PREA section to reassess the vulnerability.</p> <p>Staff Responsible for Risk Screening - The interviewed staff reported that if a resident reported experiencing prior sexual victimization there is a follow up with medical and mental health.</p> <p>115.342 (h). If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.</p> <p>115.342 (i). If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Policy 9.8, Separation, "In the event a youth remains in separation for 12 hours or the separation will extend into the youth's bedtime, the site supervisor shall ensure that the parent(s)/legal guardian(s), ARA, RA, supervising Deputy Director and all other parties involved in the youth's treatment are convened to determine interventions and possible actions" (pg. 2).</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Policy 6.1, Programmatic Rights
 - d. Policy 3.8, Employee Conduct
 - e. DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct
 - f. Preventing Sexual Assault Student Orientation Packet
 - g. PREA Poster
 - h. PREA brochure (What you should know about Sexual Assault/Abuse)
 - i. Blank Employee Hotline Form
 - j. Missouri Statue
2. Interviews:
 - a. Random sample of staff - 10
 - b. Random sample of residents - 10
 - c. PREA compliance manager

Findings (By Provision):

115.351 (a). As reported in the PAQ, the facility has established procedures allowing multiple internal ways for residents to privately report sexual abuse or sexual harassment. Policy 9.18, Prison Rape Elimination Act (PREA), "DYS shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents in accordance with DYS Policy 6.1 Facility Programmatic Right of Youth and Grievance Process" (p.9). Policy 6.1, Programmatic Rights, further elaborates that youth have a right to "report any problems or complaints and have those complaints investigated without any fear of punishment or retaliation" (pg. 2). Policy 9.18 provides additional guidance on the provision.

Documentation Reviewed

- Division of Youth Services (DYS) Youth/Parent Handbook signed (20)

Interviews

Random Sample of Staff - The interviewed staff reported that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or

staff for reporting sexual abuse and sexual harassment, or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods for which they can report include telling any staff member, writing a grievance, and writing a note to a staff member they trust. Additionally, it was reported that they can contact the hotline number posted around the facility.

Resident Interview Questionnaire: The interviewed staff reported that they could report any sexual abuse or sexual harassment by notifying staff, telling their family, or writing a grievance.

PREA Audit Site Review: During the site review the auditor observed the various methods in which residents and staff can make a report. There was adequate signage in the facility. Additionally, the auditor informally discussed with the staff and residents how confidential calls can be made.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (b). As reported in the PAQ, the facility provides more than one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The PAQ further states that is n/for the agency to have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Statement: .351 (b)-1 Resident Reporting to external entity Missouri Division of Youth Services' (DYS) youth and parents or guardians are provided a youth/parent handbook which includes the Missouri Children's Division Child Abuse and Neglect hotline numbers: Missouri: 1-800-392-3738 National: 1-800-4achild and a link to DYS internet site: www.dss.mo.gov/dys where the hotline can also be located. The Children's Division Child Abuse and Neglect Hotline (CA/NHU) is a toll-free telephone line which is answered seven days a week, 24 hours a day, 365 days a year. For hearing and speech impaired, they can contact Relay Missouri 1-800-735-2466/voice or 1-800-735-2966/text phone. Reports made by the youth or other person to the Missouri Children's Division Child Abuse and Neglect hotline are referred to the Missouri Children's Division Out of Home Investigation Unit (CD-OHI) who investigates allegations of abuse and neglect. Youth are allowed access to the telephone to make such calls. The supervising manager over CD OHI unit's name, position and contact information is listed below. James 'Ryan' Harris Program Manager Children's Division Out of Home Investigation Unit (CD-OHI) Phone: 573-521-8660

In review of the Student Orientation Packet, further confirmed residents are provided multiple ways in which they can make a report of sexual abuse and sexual harassment. Such ways to report also included to a public or private entity that is not a part of the agency.

Interviews

PREA Compliance Manager – The interviewed staff reported that the facility provides multiple ways for residents to report allegations of sexual abuse or sexual harassment. The youth have access to hotlines, and unimpeded mailbox access. The facility provides residents with stamps and envelopes to write letters. It was further reported that the youth have unimpeded access to contact the hotline directly.

Resident Interview Questionnaire: The interviewed residents reported that they could report an allegation of sexual abuse or sexual harassment that happened to them or someone else by telling staff, telling parents, or write a grievance. When asked if there was someone outside of the facility, they could make a report to, the residents stated parent, PO or call the hotline. All but one of the interviewed residents believed they could make a report without having to give their name.

PREA Audit Site Review: During the site review the auditor observed the various methods in which residents and staff can make a report. There was adequate signage in the facility. Additionally, the auditor informally discussed with the staff and residents how confidential calls can be made.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS employee are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the PREA Compliance Manager” (p. 9).

Documentation Reviewed

- Blank Hotline Report Form

Interviews

Random Sample of Staff: The interviewed staff reported that when a resident alleges sexual harassment, can he/she do so verbally, in writing, anonymously and through third parties. Such reports can be made immediately. Some of the staff reported that they are not sure how it is documented outside of notifying their supervisor.

Resident Interview Questionnaire: The interviewed residents reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. It was further reported that their parents could make one on their behalf if needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (d). As reported in the PAQ, the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews

PREA Compliance Manager – The interviewed staff reported that the youth are provided paper and pencils; along with grievance forms; and an open-door policy.

PREA Audit Site Review: During the site review the auditor observed the various methods in which residents and staff can make a report. There was adequate signage in the facility. Additionally, the auditor informally discussed with the staff and residents how confidential calls can be made.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. There are several agency policies that govern this section of the standard.

- Policy 9.18, Prison Rape Elimination Act (PREA)- DYS shall require all employees to respond and report immediately in accordance with DYS Policy 3.8 Employee Conduct, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/ detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation (p. 10).

- Policy 3.8, Employee Conduct- If an employee has reasonable cause to suspect an abusive or neglectful incident has occurred, or if allegations of abuse or neglect have been made, the following shall occur;

- o For youth under the age of 18, the employee shall call the Children’s Division (CD) Child Abuse and Neglect Hotline (1-800-392-3738) immediately.

- o For youth over the age of 18, a report shall be made to the Division HR Manager or Personnel Officer who shall refer the allegations to the Division of Legal Services for investigation. In the event that the incident happens after normal business hours or on the weekend, the site supervisor or designee should take immediate action to ensure safety and report immediately the next business day.

	<p>o After the report has been made, the employee should notify their site supervisor who shall immediately notify the RA or designee. In instances wherein the supervisor or designee is believed to be the perpetrator, the employee shall notify the supervisor or designee at the next appropriate supervisory level.</p> <p>o DYS will work with both entities to remain informed as the investigation progress and ensure that an administrative or criminal investigation is completed (pp. 6-7).</p> <p>o Policy 2-101 Sexual Harassment/Inappropriate Conduct- Supervisors and managers who receive reports of sexually harassing/ inappropriate conduct or who personally witness such conduct by or of DSS employees must immediately contact their divisional personnel officers to report the allegations, regardless of whether the employee involved wishes to file a grievance. Failure to immediately report sexually harassing/inappropriate conduct allegations may result in disciplinary action. All allegations must be held in strict Administrative Policy Subject: Sexual Harassment/Inappropriate Conduct Section: 1 - Employment Practices Adm: 2-101 Issued: 12/19/86 Revised: 3/1/99 Page 4 of 4 confidence and not discussed with anyone without a business-related need to know. Personnel officers are responsible for immediately reporting all allegations of sexually harassing/inappropriate conduct to HRC (pgs. 3-4)</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Missouri Statues <p>Interviews</p> <p>Random Sample of Staff- All the interviewed staff reported they can privately report sexual abuse and sexual harassment of residents by notifying supervisor or Facility Director or make an anonymous call to the hotline.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

	<p>1. Documents:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>Findings (By Provision):</p> <p>115.352 (a). As reported in the PAQ, the agency does not have an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard.</p> <p>115.352 (b). N/A the agency/facility does not have an administrative process for dealing with resident grievances regarding sexual abuse.</p> <p>115.352 (c). N/A the agency/facility does not have an administrative process for dealing with resident grievances regarding sexual abuse.</p> <p>115.352 (d). N/A the agency/facility does not have an administrative process for dealing with resident grievances regarding sexual abuse.</p> <p>115.352 (e). N/A the agency/facility does not have an administrative process for dealing with resident grievances regarding sexual abuse.</p> <p>115.352 (f). N/A the agency/facility does not have an administrative process for dealing with resident grievances regarding sexual abuse.</p> <p>115.352 (g). N/A the agency/facility does not have an administrative process for dealing with resident grievances regarding sexual abuse.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>1. Documents:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Policy 9.18, Prison Rape Elimination Act (PREA</p>

- c. Policy 6.2, Legal Representation
 - d. Policy 6.5, Youth's Visits, Mail and Telephone Privileges
 - e. Prevent Sexual Assault, Student Orientation Packet
 - f. Division of Youth Services (DYS) Youth/Parent Handbook Signed (20)
 - g. Attempts Outside Advocate
 - h. Corrective Action (Victim Advocacy Supportive Services Training)-13
2. Interviews:
- a. Random sample of residents - 10
 - b. Superintendent (Director)
 - c. PREA compliance manager

Findings (By Provision):

115.353 (a). As reported in the PAQ, the facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility does not provide residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The DYS does not hold youth for this purpose. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall provide youth in DYS residential placement 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. DYS shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible" (pp. 9-10).

Documentation Reviewed

Child Abuse Reporting Hotline Signage

Counseling Advocacy Resources Education (Lincoln County) Brochure

Division of Youth Services (DYS) Youth/Parent Handbook Signed (20)

Youth Victim Advocacy Supportive Training (13)

Interviews

Resident Interview Questionnaire: Two of the interviewed residents reported being aware of outside services that deal with sexual abuse. When probed the residents' stated they learned about resources outside of the facility but could not state what they resources were other than telling a therapist. The residents could not recall if they had been given additional information at the facility.

Corrective Action: Many of the residents were not aware of the outside victim advocacy services. The auditor requested that the facility go over the services with the youth. The facility provided documentation of 13 youth receiving additional information of victim advocacy services and resources.

PREA Audit Site Review: The facility had adequate signage and information on outside advocacy and supportive services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (b). As reported in the PAQ, the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Policy 9.18, Prison Rape Elimination Act (PREA), DYS shall inform youth, prior to giving them access, of the extent to which such communications will be monitored as detailed in DYS Policy 6.5 Youth's Visits, Mail and Telephone Privileges and reported in accordance with mandatory reporting laws." (p. 10).

Interviews

Resident Interview Questionnaire: Two of the interviewed residents who reported being aware of outside emotional support or advocacy services reported that they are unaware if they could contact an outside service and if they did not contact them if the conversation could remain private; as they have not needed to contact anyone.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (c). As reported in the PAQ, the agency or facility does not maintain memoranda of understanding or other agency agreements with community service providers that are able to provide residents with emotional support services related

to sexual abuse.

Policy 9.18, Prison Rape Elimination Act (PREA), DYS shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. The PREA Compliance Manager shall maintain copies of agreements or documentation showing attempts to enter into such agreements” (p. 10).

Documentation Reviewed

- Attempts to enter into an agreement

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (d). As reported in the PAQ, the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, and parents or legal guardians.

Policy 9.18, Prison Rape Elimination Act (PREA), “DYS 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 DYS Policy 6.2 Legal Representation and DYS Policy 6.5 Youth’s Visits, Mail and Telephone Privileges” (pg.10).

Interviews

Superintendent (Director) – The facility provides residents with reasonable and confidential access to their attorney’s or legal representation. Staff will position themselves on the door during the class for privacy. Parents or legal guardians can be accessed via mail, phone calls, legal presentation, zoom, facetime, or DUO.

PREA Compliance Manager – The interviewed staff reported that residents have access to legal services and parents/guardians. Youth have access via mail, phone class, zoom, WebEx meetings, or facetime.

Resident Interview Questionnaire: When the interviewed residents were asked whether the facility allowed them to see or talk to their lawyer privately. Most of the residents stated yes, and the residents stated that they are also allowed to talk to their parents several times a week.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Agency Website <p>Findings (By Provision):</p> <p>115.354 (a). As reported in the PAQ, the facility provides a method 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.</p> <p>Documentation Reviewed</p> <p>Agency website (http://dss.mo.gov/dys/)</p> <p>PREA Audit Site Review: The facility had adequate signage throughout the facility.</p> <p>A review of the appropriate documentation and relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 3.8, Employee Conduct

d. Policy 2-101, Sexual Harassment/Inappropriate Conduct

2. Interviews:

- a. Random sample of staff -10
- b. Medical and mental health staff - 2
- c. Superintendent (Director)
- d. PREA compliance manager

Findings (By Provision):

115.361 (a). As reported in the PAQ, the agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy 3.8, Employee Conduct states that:

Employees are required to report suspicious or inappropriate conduct of other employees. Whenever a DYS employee has reasonable cause to suspect an abusive or neglectful incident has occurred, they should report immediately as outlined below. This includes, but is not limited to, any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility, even if external to DYS; any retaliation against youth or employee for having reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and harassment, including third-party and anonymous reports, must be investigated (p.6).

Additionally, the agency has a policy that requires all staff to comply with applicable mandatory child abuse reporting laws. Policy 2-101 Sexual Harassment/ Inappropriate Conduct states that "Supervisors and managers who receive reports of sexually harassing/ inappropriate conduct or who personally witness such conduct by or of DSS employees must immediately contact their divisional personnel officers to report the allegations, regardless of whether the employee involved wishes to file a grievance. Failure to immediately report sexually harassing/ inappropriate conduct allegations may result in disciplinary action" (p. 13)

Interviews

Random Sample of Staff - All of the interviewed staff reported that everyone is required to report any knowledge, suspicion, or information regarding an incident of

sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff reported similar policy/ procedure for reporting any information related to sexual abuse by notifying supervisor or Facility Director.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws. Policy 3.8, Employee Conduct states that:

If an employee has reasonable cause to suspect an abusive or neglectful incident has occurred, or if allegations of abuse or neglect have been made, the following shall occur;

a. For youth under the age of 18, the employee shall call the Children's Division (CD) Child Abuse and Neglect Hotline (1-800-392-3738) immediately.

b. For youth over the age of 18, a report shall be made to the Division HR Manager or Personnel Officer who shall refer the allegations to the Division of Legal Services for investigation. In the event that the incident happens after normal business hours or on the weekend, the site supervisor or designee should take immediate action to ensure safety and report immediately the next business day.

c. After the report has been made, the employee should notify their site supervisor who shall immediately notify the RA or designee. In instances wherein the supervisor or designee is believed to be the perpetrator, the employee shall notify the supervisor or designee at the next appropriate supervisory level.

d. DYS will work with both entities to remain informed as the investigation progresses and ensure that an administrative or criminal investigation is completed.

Interviews

Random Sample of Staff - The interviewed staff reported that they have been trained on the agencies zero tolerance policy for sexual abuse and sexual harassment. The staff reported that the training included:

a. The agency's zero-tolerance policy on sexual abuse and sexual harassment?

b. How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures?

c. Resident's right to be free from sexual abuse and sexual harassment?

d. Residents' and employees' right to free from retaliation for reporting sexual

abuse and sexual harassments?

- e. The dynamics of sexual abuse and sexual harassment in confinement?
- f. The common reactions of sexual abuse and sexual harassment victims?
- g. How to detect and respond to signs of threatened and actual sexual abuse?
- h. How to avoid inappropriate relationships with residents?
- i. How to communicate effectively and professionally with residents, including lesbians, gay, bisexual, transgender, intersex, or gender nonconforming residents?
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
- k. Relevant laws regarding the applicable age of consent?

The staff consistently reported that they were trained in initial hire and that they receive annual training. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming. One member of staff could not recall if they were trained on age of consent.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (c). As reported in the PAQ, apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy 2-101, Sexual Harassment/Inappropriate Conduct, states that "All allegations must be held in strict Administrative Policy Subject: Sexual Harassment/Inappropriate Conduct Section: 1 - Employment Practices Adm: 2-101 Issued: 12/19/86 Revised: 3/1/99 Page 4 of 4 confidence and not discussed with anyone without a business-related need to know. Personnel officers are responsible for immediately reporting all allegations of sexually harassing/inappropriate conduct to HRC." (pp. 3-4).

Interviews

Random Sample of Staff - All of the interviewed staff reported that everyone is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff reported similar policy/ procedure for reporting any information related to sexual

abuse by notifying supervisor or Facility Director.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (d). (Medical and mental health practitioners shall be 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. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews

Medical and Mental Health Staff – The interviewed staff reported that residents are informed of the limitations of confidentiality and the duty to report at the initiation of services. All staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The staff reported that they have become aware of such incidents at other sites and reports were made.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (e). (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Interviews

PREA Compliance Manager – When a facility receives an allegation of sexual abuse allegations are reported to the hotline, PREA compliance manager, children division, and notify supervisors. If a victim is under the guardianship of child welfare the report would go to the Children's Division case manager. This is done within 24 hours. In Missouri the juvenile court does not retain jurisdiction.

Superintendent (Director) – When a facility receives an allegation of sexual abuse the allegations are reported to the hotline, the PREA Compliance Manager, and follow the coordinated response protocol. The DYS will be contacted by the caseworker of the child welfare system. Notifications will occur immediately.

	<p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.361 (f). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>Interviews:</p> <p>Superintendent (Director) - The facility utilizes an outside investigator. The facility will hotline the call and the outside investigator will investigate.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard. The facility exceeded the standards of staff to youth ratio.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Superintendent (Director) c. Random sample of staff - 10 <p>Findings (By Provision):</p> <p>115.362 (a). When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective</p>

	<p>measures without unreasonable delay). In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA), states that the policy further states that, “When DYS learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth” (p. 11).</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that if the agency learns that a resident is subject to risk of imminent sexual abuse the agency would provide supportive services or move a resident to an appropriate facility to protect them. Such actions are expected to occur immediately.</p> <p>Superintendent (Director) – The interviewed staff reported that if a resident is a substantial or imminent risk of sexual abuse, immediate protective actions include deescalate, intervene, relocate within the facility or outside of the facility, or high awareness. Such actions will be taken immediately.</p> <p>Random Sample of Staff: The interviewed staff reported that when they learn that a resident is at risk of imminent sexual abuse the actions taken to protect the residents include remove resident from the threat, keep involved parties separated, monitor, report, and document. Such actions would be taken immediately.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 3.8 Employee Conduct

2. Interviews:

- a. Agency head
- b. Superintendent (Director)

115.363 (a). The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

Policy 9.18, Prison Rape Elimination Act (PREA) states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager" (pg. 11). Policy 3.8, Employee Conduct, further elaborates that the head of the facility shall notify the appropriate investigative agency.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (b). Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

As previously reported, Policy 9.18, Prison Rape Elimination Act (PREA) states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager" (p. 11).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (c). The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Per the PAQ, there were no allegations of sexual abuse received at the facility which required notification to another facility head.

Based upon review of documentation the facility met the requirements of the provision.

115.363(d). As reported in the PAQ, the agency or facility requires that all

	<p>allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.</p> <p>Policy 3.8, Employee Conduct states that:</p> <p>Employees are required to report suspicious or inappropriate conduct of other employees. Whenever a DYS employee has reasonable cause to suspect an abusive or neglectful incident has occurred, they should report immediately as outlined below. This includes, but is not limited to, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility, even if external to DYS; any retaliation against youth or employee for having reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and harassment, including third-party and anonymous reports, must be investigated (p. 6).</p> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that if another agency or facility with the agency refers allegations of sexual abuse or sexual harassment that occurred at a facility, the agency would have the allegations investigated. The facility managers would be responsible for the follow-up.</p> <p>Superintendent (Director) - The interviewed staff reported that when the facility receives an allegation from another facility or agency of incident of sexual abuse or sexual harassment the allegation is hotline and investigated. The facility has no examples of another facility or agency reporting such allegations.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> Documents:

- a. Pre-Audit Questionnaire (PAQ)
- b. Division of Youth Services First Responder Protocols of Sexual Abuse
- c. MO Division of Youth Services Fundamental Practices

2. Interviews:

- a. Security and non-security staff first responders -3
- b. Random sample of staff - 10

Findings by Provision:

115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Policy & Procedure, PREA Coordinated Response, RR-PREA 361, states that, First Responder Actions:

Separate victim and alleged perpetrator

Protect incident scene if identified

Request that the alleged victim not take any actions that would destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating drinking or eating. (Pending forensic exam)

Ensure that the alleged abuser not take any actions that would destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating defecating drinking, or eating. (Pending forensic exam)

Contact Administration / Supervision

Report allegation to DCS with a Director or member of management team.

Document all information and activities in an incident report

Cooperate with investigators, prosecutors, facility administration

Documentation Reviewed

- Division of Youth Services First Responder Protocols of Sexual Abuse

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, and contact their chain of command. When probed, staff reported that they would not share the information with other juveniles or unnecessary staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.364 (b). Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0.

Documentation Reviewed

- Division of Youth Services First Responder Protocols of Sexual Abuse
- MO Division of Youth Services Fundamental Practices

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, and contact their chain of command. When probed, staff reported that they would not share the information with other juveniles or unnecessary staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

	<p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Written Institutional Plan (DYS Coordinated Response to Reports of Sexual Abuse) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent (Director) <p>Findings (By Provision):</p> <p>115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The auditor reviewed the DHS Coordinated Response to Reports of Sexual Abuse.</p> <p>Interviews</p> <p>Superintendent (Director) - The interviewed staff reported that the agency follows the first responder protocol and coordinated response. The resident will also be referred to medical and mental health.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:

a. Pre-Audit Questionnaire (PAQ)

b. Labor Agreement Between The State of Missouri 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

2. Interviews:

a. Agency head

Findings (By Provision):

115.366 (a). As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. It was reported that the labor agreement has expired but the agency is still working under the conditions of the agreement.

Documentation Reviewed

· Labor Agreement Between The State of Missouri 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

Interview

Agency Head - The interviewed agency head reported that they are in an at-will state.

115.366 (b). The auditor was not required to audit this provision.

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.367	Agency protection against retaliation
	<p data-bbox="331 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="331 247 596 279">Auditor Discussion</p> <hr/> <p data-bbox="331 319 1320 350">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="331 390 557 422">1. Documents: <ol style="list-style-type: none"> <li data-bbox="331 457 789 489">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="331 525 1013 556">b. Policy 9.18, Prison Rape Elimination Act (PREA) <li data-bbox="331 592 1192 623">c. DSS Policy 2-101, Sexual Harassment/Inappropriate Conduct <li data-bbox="331 659 997 690">d. DYS PREA Retaliation Monitoring Form (blank) <li data-bbox="331 726 542 758">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="331 793 570 825">a. Agency head <li data-bbox="331 861 737 892">b. Superintendent (Director) <li data-bbox="331 928 1243 959">c. Designated staff member charged with monitoring retaliation - 1 <p data-bbox="331 995 638 1026">Findings (By Provision):</p> <p data-bbox="331 1062 1433 1209">115.367 (a). As reported in the PAQ, the facility has 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. Policy 9.18, Prison Rape Elimination Act (PREA), states that:</p> <ol style="list-style-type: none"> <li data-bbox="331 1245 1443 1591">a. In accordance with DSS Policy 2-109 Internal Investigations DYS provides protection to employees against retaliation 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. DYS Policy 6.1 Facility Programmatic Rights of Youth and Grievance Process provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation. <li data-bbox="331 1627 1450 1892">b. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager 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, cottage, 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. <li data-bbox="331 1927 1317 1959">c. DYS's obligation to monitor shall terminate if DYS determines that the

allegation is unfounded (pp. 10-11).

Policy 2-101, Sexual Harassment/Inappropriate Conduct further reiterates that “Employees who report such conduct will not be subject to any form of retaliation. Managers and supervisors guilty of retaliatory treatment of any employee reporting such conduct will be subject to disciplinary action” (p. 1).

The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (b). The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

As previously described, Policy 3.18, Prison Rape Elimination Act (PREA), states that “For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager 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, cottage 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 (pp. 11-12).

Interviews

Agency Head - The interviewed agency head reported that there is an agency protect to protect staff and residents from retaliation for sexual abuse or sexual harassment allegations.

Superintendent (Director) - The interviewed staff reported that there are various measures are taken to protect residents from sexual abuse and sexual harassment. Such measures include face to face conversations, observe supervision, shift log, team meetings, staff education and memos. The site will also conduct face to face, observe, and review staff schedule adjustments.

Designated Staff Member Charged with Monitoring- The interviewed staff reported that the role they place in prevent retaliation against resident and staff who reported sexual abuse or sexual harassment or those who cooperate with an investigation include:

Residents: Bed assignments change, high awareness supervision, ‘shadow’ peer assignments, shower group assignment, shift log check, Team Meeting coaching’s for staff

Staff: Schedule change to keep staff (accuser and perpetrator) separated, one-on-one conversation and discussing policy (also among all Team members), unannounced pop ups, inter office communication (email with important info), worst case accused staff must be on Administrative Leave until the closure of the investigation

Contact will be initiated with the residents as often as needed but at least once per shift.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (c). The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The number of times an incident of retaliation occurred in the past 12 months: 0.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager 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, cottage 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" (pp. 11-12).

The facility provided a sample of the PREA Retaliation Monitoring form to show how monitoring will be documented. As reported in the PAQ, there were zero instances where the facility had to monitor for retaliation.

Interviews

Superintendent (Director) - If retaliation is suspected such measures taken include reprimands, investigate, or send staff home until the investigation is over.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if nonavailable) - When looking for possible signs of retaliation we would monitor for threats, verbal and physical harassment, seclusion of harassed person, info from one-on-one conversations. Monitoring would last for 90 days or until the youth leaves the program if necessary.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (d). In the case of residents, such monitoring shall also include periodic status checks.

	<p>Interviews</p> <p>Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if nonavailable) – When looking for possible signs of retaliation we would monitor for threats, verbal and physical harassment, seclusion of harassed person, info from one-on-one conversations.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.367 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>Interviews</p> <p>Agency Head – The agency head reported that the agency will take necessary measures to protect the individual against retaliation if the individual who participates in the investigation expresses fear of retaliation.</p> <p>Superintendent (Director) – If retaliation is suspected such measures taken include reprimands, investigate, or send staff home until the investigation is over.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.367 (f). The auditor is not required to audit this provision.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA)

c. Policy 9.8, Separation

2. Interviews:

a. Superintendent (Director)

b. Staff who supervise residents in isolation

c. Medical and mental health staff - 2

Findings (By Provision):

115.368 (a). The facility has a policy that residents 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 residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they alleged to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months: 0. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0.

PREA Policy 9.18, Prison Rape Elimination Act (PREA), "Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is separated for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, and DYS Policy 9.8 Separation shall apply" (p. 8).

Interviews

Superintendent (Director) - The interviewed staff reported that the facility does not use isolation.

Medical and Mental Health Staff - The interviewed staff reported that DYS does not isolate youth.

PREA Audit Site Review: During the onsite review, the auditor did not observe that the facility had a use of isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent (Director) b. PREA coordinator c. PREA compliance manager d. Investigator -2 <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the facility has a policy related to the investigation protocols. Policy 9.18, Prison Rape Elimination Act (PREA), states that “Criminal and administrative agency investigations.</p> <ol style="list-style-type: none"> a. The DYS shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim’s age as defined in DYS Policy 3.8 Employee Conduct. DYS has conveyed the PREA requirements to appropriate external investigating agencies. b. When outside agencies investigate sexual abuse and sexual harassment, DYS shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (p. 12). <p>Interviews</p> <p>Investigative Staff - The interviewed staff reported that once the Division of Legal Services is notified by the Division of Youth Services that an allegation of Sexual Abuse has been made, an investigation is immediately initiated. Anonymous 3rd party reports of sexual abuse are treated the same as other referrals and are not handled any differently. DLS will still accept the report. The process usually begins within 24 hours.</p> <p>115.371 (b). Per the PAQ, the reported having zero staff who are trained investigators.</p> <p>Interviews</p>

Investigative Staff - The interviewed staff reported that they have received training to conduct sexual abuse and sexual harassment investigations in confinement settings. The training included the below topics:

Techniques for interviewing juvenile sexual abuse victims. • Proper use of Miranda and Garrity warnings? • Sexual abuse evidence collection in confinement settings? • The criteria and evidence required to substantiate a case administrative or prosecution referral?

115.371 (c). The facility does not conduct administrative PREA related investigations, and all criminal investigations are handled by an outside entity.

Interviews

Investigative Staff - The interviewed staff reported that the first step of our investigation would be the "information gathering stage" to gather information regarding the specific allegations of sexual abuse. This information gathering may look different in each case, but generally, the first steps would be to review statements made the victim/witness and then interview the victim/witnesses to get their side of the story and to identify other potential witnesses or evidence in the case. DLS would also ensure the information was provided to the child abuse and neglect hotline when applicable if the victim was a juvenile. The investigative process for sexual abuse allegations is done objectively, thoroughly, and impartially by a trained investigator. The process includes gathering evidence (physical and documentary), conducting interviews with the alleged victim(s)/witness(es)/suspect(s), and documenting the findings in an investigative report.

The evidence is different in every case. In general, Direct/circumstantial evidence would include the possibility of DNA (if timely reported), video footage from the facility, phone logs, text messages, handwritten letters, computer/email audit results, statements from the victim(s)/suspect(s)/witness(es).

115.371 (d). As reported in the PAQ the facility does not terminate an investigation solely because the source of the allegation recants the allegation. Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in DYS Policy 3.8 Employee Conduct and DYS Policy 6.1 Programmatic Rights of Youth and Grievance Process" (p. 7).

Interviews

Investigative Staff - The interviewed staff reported that if an investigation terminates or if the source of the allegation recants the investigation continues. DLS investigators are aware that many sources of information (victims or witnesses) often recant statements for a multitude of reasons.

115.371 (e). The facility/agency does not conduct investigations.

Interviews

Investigative Staff - The interviewed staff reported that the DLS does consult with prosecutors if/when needed, however, we don't necessarily consult with them on every case. Investigators in the Division of Legal Services are well aware that a compelled statement from an employee suspect will not be admissible as evidence in a criminal trial. DLS does not offer the Garrity warning in criminal cases. If DLS does decide to take a compelled statement and then criminal activity is learned of through the compelled statement, any potential criminal acts will be referred to law enforcement for investigation. It is important to note that information and evidence from Law Enforcement can and will be included in an administrative investigation, but information/evidence gathered during compelled administrative investigations should not be shared with Law Enforcement, so it does not taint their case. Under no circumstances would DLS require a resident that alleges sexual abuse to submit to a polygraph or other truth telling device.

115.371 (f). The facility/agency does not conduct investigations.

Interviews

Investigative Staff - The interviewed staff reported that the credibility of an alleged victim, suspect or witness are individually based upon other learned facts, details and supporting/conflicting evidence gathered during the investigations. Race, color, creed, national origin, gender, age, disability, military status, and other protected class category is not considered when judging the credibility of an alleged victim, neither is the fact that an alleged victim may be a resident in a correctional facility is not considered either.

115.371 (g). The facility/agency does not conduct investigations.

Interviews

Investigative Staff - The interviewed staff reported that DLS investigations not only looks at the individual actions of the suspects, but we take a holistic view and approach to each investigation to make informed decision as to whether or not the incident was limited to staff action(s) or if failures to act facilitated the abuse. Administrative investigations are documented in a thorough, written investigative report. The report contains: the who, what, when, where, why and how if known, along with copies of all supporting documentary evidence gathered during the investigations that are laid out as exhibits within the report. The report will document a finding if the case is substantiated, unfounded or not substantiated. If substantiated, the report will document what and how each DSS or Division policy(ies) was violated.

115.371 (h). The facility/agency does not conduct investigations.

Interviews

Investigative Staff - The interviewed staff reported that criminal investigations are documented in a thorough, written investigative report. The report contains the who, what, when, where, why and how if known, along with copies of all supporting

documentary evidence gathered during the investigations that are laid out as exhibits within the report. The report will document what laws were violated, in which county and on what dates.

115.371 (i). As reported in the PAQ, there were zero sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20,2012, or since the last PREA audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Interviews

Investigative Staff - The interviewed staff reported that DLS would refer a case for prosecution if/when there is probable cause to believe a criminal act has occurred.

115.371 (j). As reported in the PAQ the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Documentation Reviewed

- Retention Schedule

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.

Interviews

Investigative Staff - The interviewed staff reported that if a staff member terminates their employment before an investigation is complete, the investigation will continue until completion. DLS does not stop investigating allegations of sexual abuse simply because an employee resigned or was terminated from employment. If a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegations the investigation will continue. Simply because a victim leaves a facility prior to the completion of an investigation is not reason to stop the investigation. DLS still has a duty to all involved to complete a thorough and complete investigation.

115.371 (l). Auditor is not required to audit this provision.

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.

Interviews

Superintendent (Director) - The interviewed staff reported that an outside agency conducts investigations. The outside investigator will make contact via phone call or email.

	<p>PREA Coordinator – The interviewed staff reported that outside agencies conduct the investigations, and they remain in contact regarding the status of the investigation.</p> <p>PREA Compliance Manager – The interviewed staff reported that investigators will call or email the site to send progress reports. The facility managers coordinate investigators interviews and youth and staff.</p> <p>Investigative Staff – The interviewed staff reported that when an outside agency investigates an incident of sexual abuse our role would be supportive and cooperate with the agency conducting the investigation and provide them timely access to the facility, any witnesses, victims, or information/evidence asked for.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. External Agency Investigation Process 2. Interviews: <ol style="list-style-type: none"> a. Investigator - 2 <p>Findings (By Provision):</p> <p>115.372 (a). The facility reported in the PAQ that the agency does not conduct administrative or criminal investigations.</p> <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · External Agency Investigation Process <p>Interviews</p> <p>Investigative Staff – The interviewed staff reported that a preponderance of evidence is used to substantiate allegations of sexual abuse or sexual harassment.</p>

	<p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent (Director) b. Investigator -2 <p>Findings (By Provision):</p> <p>115.373 (a). As reported in the PAQ, the facility has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/ facility in the past 12 months: 0.</p> <p>9.18, Prison Rape Elimination Act (PREA, states that “Following an investigation into a youth’s allegation of sexual abuse suffered in a residential facility, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded” (p. 12).</p> <p>Interviews</p> <p>Superintendent (Director) – The interviewed staff reported that the facility notifies of allegations of sexual.</p> <p>Investigative Staff – The interviewed staff reported that DLS only provides investigative findings to the Human Resource Director of DSS and the Human Resource Manager for each Division. In cases involving a resident at a juvenile facility, DYS HR should provide the investigative findings to leadership personnel at</p>

the facility to inform the resident of the findings. The PREA staff is involved with making notifications.

115.373 (b). The facility utilizes an outside entity to conduct criminal investigations. As reported in the PAQ, there were zero investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.

115.373 (c). The facility reported in the PAQ that following a resident's allegation that a staff member has committed sexual abuse against a resident, the facility will provide information on the staff member's presence/employment at the facility. Policy 9.18, Prison Rape Elimination Act (PREA), states that:

Following a youth's allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform the alleged victim whenever:

1. DYS learns that a petition has been filed against the alleged abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or
2. DYS learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility (p.13).

There were zero identified residents who reported sexual abuse. The interviewed interim director reported that students will be notified of the results of the investigations upon the conclusion of the investigation.

115.373 (d). The facility reported in the PAQ that it would notify a resident of the results of an allegation that he/she was sexually abused by another resident the results of the investigation. More specifically, the Policy 9.18, Prison Rape Elimination Act (PREA), states that:

Following a youth's allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform the alleged victim whenever:

3. DYS learns that a petition has been filed against the alleged abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or
4. DYS learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility (p.13).

There were no identified residents who reported sexual abuse.

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0. Policy 9.18, Prison Rape Elimination Act (PREA), states that "the PREA Compliance

	<p>Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes” (p. 13).</p> <p>115.373 (f). The auditor is not required to audit this provision.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. DSS Policy 2-124 Discipline d. DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct <p>Findings (By Provision):</p> <p>115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy, DSS Policy 2-124 Discipline, DSS Policy 2-101 Sexual Harassment/ Inappropriate Conduct and DYS Policy 3.8 Employee Conduct” (pg.13).</p> <p>The facility reported that there was zero allegations of sexual abuse or sexual harassment; to include any allegations made against staff for violating the zero-tolerance policy.</p> <p>115.376 (b). The facility reported in the PAQ that there were zero staff that violated the agency’s sexual abuse or sexual harassment policies. DSS Policy 2-124 Discipline provides additional guidance on the provision of the standard. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p>

	<p>115.376 (c). The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0.</p> <p>115.376 (d). 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS employees who are terminated for violations of sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies where law allows” (p. 14)</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) a. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent (Director) <p>Findings (By Provision):</p> <p>115.377 (a). Agency policy requires that any contractor or volunteer who engages</p>

	<p>in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA), states that “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies” (p. 14).</p> <p>Based on review of files it is found that the facility meets the requirements of the standard.</p> <p>115.377 (b). The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS shall take appropriate remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer” (p. 14).</p> <p>Interview</p> <p>Superintendent (Director) – The interviewed staff reported that if there are any violations of agency sexual abuse or sexual harassment are as a result of a contractor or volunteer, the facility will take remedial measures to prohibit further contact with residents.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA)

c. Policy 9.8, Separation

2. Interviews:

a. Superintendent (Director)

b. Medical and mental health staff - 2

Findings (By Provision):

115.378 (a). Residents are not subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are not subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.

It was further reported that DYS does not issue disciplinary sanctions and does not have a formal disciplinary process.

Policy 9.18, Prison Rape Elimination Act (PREA), states that "Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. Further actions will not be taken against youth for sexual conduct with an employee or another youth unless findings indicate that the employee or youth did not consent to such contact" (p. 14).

115.378 (b). In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.

Policy 9.8, Separation states that "When a youth is separated Minimal standards for conditions in accordance with 211.343 RSMo and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall include, but not be limited to: a. The youth shall be provided adequate bedding for use during normal sleeping hours, which shall be removed for the remainder of the day. b. The youth shall have the opportunity to shower once each day and shall be provided adequate personal hygiene articles. c. The youth shall be entitled to a minimum of

one hour per day recreation outside the separation room. d. Attempts shall be made daily to provide the youth with educational materials which will allow the youth to remain current with his/her educational program. e. Non-academic reading material shall be made available to the youth. f. The youth shall have the opportunity for three meals daily. g. The youth shall have the opportunity to wear appropriate clothing for the season” (pp. 2-3).

Interviews

Superintendent (Director) – The interviewed staff reported that staff do not punish residents for allegations of sexual abuse. They would separate, educate, relocate, and adjust the CITP plan to address the youths’ needs. If the abuse was law-relevant, the pressing of charges can occur, and law enforcement would be involved.

115.378 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Interviews

Superintendent (Director) – The interviewed staff reported that staff do not punish residents for allegations of sexual abuse. They would separate, educate, relocate, and adjust the CITP plan to address the youth’s needs. If the abuse was law-relevant, the pressing of charges can occur, and law enforcement would be involved.

115.378 (d). Per the PAQ, the facility offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. However the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility does not consider whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Interviews

Medical and Mental Health Staff – The interviewed staff reported that the facility offers therapy, counseling or other intervention services that address any underlying reasons or motivations for sexual abuse for an offending resident. Such services do not require a resident’s participation as a condition of access to programming, education, or a rewards-based behavior management system.

115.378 (e). As reported in the PAQ, the agency disciplines resident for sexual contact with staff only upon finding that the staff member did not, consent to such contact. Policy 9.18, Prison Rape Elimination Act (PREA), states that “youth found to have sexually harmed others shall be offered therapy counseling or other

	<p>interventions designed to address and correct the underlining reasons for their conduct. Further actions will not be taken against youth for sexual conduct with an employee or another youth unless findings indicate that the employee or youth did not consent to such contact” (p. 14).</p> <p>115.378 (f). As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy Programmatic Rights of Youth & Grievances indicates that youth have a right to “report any problems or complaints and have those complaints investigated without any fear of punishment or retaliation” (p. 2).</p> <p>115.378 (g). As reported in the PAQ, that prohibits sexual activity between residents. Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS prohibits all sexual activity between youth” (p. 14).</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Policy 7.2, Standards d. Policy 7.3, Special Need e. Policy 7.6 Emergency Medical Care and First Aid Response f. Policy 7.4 Access to Health Care Services provides additional guidance on the provision of the standard.

- g. Youth Medical Visit (blank)
 - i. MO DYS Nurses Notes
- h. Daily Complaint Form
- i. Facility Health Screening
- j. PREA VULNERABILITY INFORMATION REVIEW (PVIR) SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM (1)
- k. Consent for Youth Aged 18 and over to Report Allegations of Abuse (blank)
- 3. Interviews:
 - a. Staff responsible for Risk Screening - 1
 - b. Medical and mental health staff - 2
 - c. Residents who reported a prior history of sexual abuse 1

Findings (By Provision):

115.381 (a). As reported in the PAQ, residents at the facility who disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health practitioner. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0.

Policy 9.18, Prison Rape Elimination Act (PREA) states that:

- If the screening completed in accordance with DYS Policy 9.5 Residential Care indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, DYS employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with DYS Policy 7.2 Standards.
- If the screening completed in accordance with DYS Policy 9.5 Residential Care indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, DYS employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with DYS Policy 7.2 Standards” (pp. 14-15)

Documentation Reviewed

Secondary Material

- Youth Medical Visit (blank)
- MO DYS Nurses Notes

- Daily Complaint Form
- Facility Health Screening
- PREA VULNERABILITY INFORMATION REVIEW (PVIR) SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM (1)

Interviews

Residents who Disclose Sexual Victimization at Risk Screening -The interviewed youth reported that no one offered follow up services for prior history of victimization. It should be noted that the auditor reviewed the screening and case plan where follow u services were indicated and documented.

Staff Responsible for Risk Screening - The interviewed resident reported that when they reported on the screening tool that they were previously sexually abused, the staff did not offer any follow up services.

115.381 (b). As stated previously, residents that have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, will be offered a follow up meeting with a mental health practitioner. In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 0.

Policy 9.18, Prison Rape Elimination Act (PREA), states that “If the screening completed in accordance with DYS Policy 9.5 Residential Care indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, DYS employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening in accordance with DYS Policy 7.2 Standards” (pgs.14-15)

Documentation Reviewed

Secondary Material

- Youth Medical Visit (blank)
- MO DYS Nurses Notes
- Daily Complaint Form
- Facility Health Screening
- PREA VULNERABILITY INFORMATION REVIEW (PVIR) SCREENING RESULTS AND FOLLOW-UP NOTIFICATION FORM

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that if a youth has prior perpetration history, they have a follow up meeting with the Regional

	<p>Clinical Coordinator.</p> <p>115.381 (c). Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA) states that “Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law in accordance with DYS Policy 4.1 Dissemination of Information and DYS Policy 6.1 Programmatic Rights of Youth and the Grievance Process” (pg. 15).</p> <p>Policy 7.3, Special Needs, Policy 7.6 Emergency Medical Care and First Aid Response, Policy 7.2 Standards, and Policy 7.4 Access to Health Care Services provides additional guidance on the provision of the standard.</p> <p>115.381 (d). As reported in the PAQ, 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. Policy 9.18, Prison Rape Elimination Act (PREA) states that “Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18” (p. 15).</p> <p>Documentation Reviewed</p> <p>Consent for Youth Age 18 and over to Report Allegations of Abuse (blank)</p> <p>Interviews:</p> <p>Medical and Mental Health Staff – The interviewed staff reported that informed consent is obtained for youth over the age of 18. All youth are informed that the staff are mandated reporters and required to report allegations of sexual abuse.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Memo: CIR Form and CI Review Form
 - d. Youth Medical Visit (blank)
 - e. Nurses Notes (blank)
2. Interviews:
 - a. Medical and mental health staff - 2
 - b. Security staff and non-security staff first responders
 - c. Medical and mental health staff first responders

Findings (By Provision):

115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the standard but may be helpful to review during the audit.)

Documentation Reviewed

- Youth Medical Visit (blank)
- Nurses Notes (blank)
- Memo CIR Form and CIR Review Form

Interviews

Medical and Mental Health Staff – The interviewed staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services and such services are provided immediately.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

	<p>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.</p> <p>Interviews</p> <p>Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is their responsibility to make sure the victim is safe, keep involved parties separated, and contact their chain of command. When probed, staff reported that they would not share the information with other juveniles or unnecessary staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are 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. Interviewed medical and mental health staff reported that such services are addressed immediately.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed staff reported that medical staff would offer timely information and access to emergency contraception.</p> <p>115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident. Policy 9.18, Prison Rape Elimination Act (PREA), states that:</p> <ul style="list-style-type: none"> o Treatment services will be provided to all victims of abuse as outlined in DYS Policy 7.4 Access to Health Care Services, regardless of the victim’s willingness to name the abuser or cooperate in any subsequent investigation. o Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident (pp. 15-16). <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Policy 6.1, Programmatic Rights of Youth, and the Grievance Processes
 - d. Policy 7.2, Standards
 - e. Policy 7.3, Special Needs
 - f. Policy 7.4, Access to Health Care Services
2. Interviews:
 - a. Medical and mental health staff - 2

Findings (By Provision):

115.383 (a). As reported in the PAQ, the facility offers 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. Policy 9.18, Prison Rape Elimination Act (PREA), states that “The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with DYS Policies 6.1 Facility Programmatic Rights of Youth and the Grievance Process, 7.2 Standards, 7.3 Special Needs and 7.4 Access to Health Care Services” (pg. 16).

The following Policies further provide services to victims:

- Policy 6.1, Programmatic Rights of Youth and the Grievance Process-“ Appropriate medical and dental treatment in accordance with DYS Policy Chapter 7 Medical and Health Care” (pg. 2).
- Policy 7.2, Standards-“ The Regional Nurse shall establish procedures which ensure youth whose initial placement is residential or day treatment, receive a Nurse Assessment (DYS: F4-16) as soon as possible, but not to exceed 10 working days. Any urgent concerns previously communicated by the Facility Health Screen (DYS: F7-17) or Initial Health Screening (DYS: F4-3) shall be addressed upon placement in any DYS facility. For youth without a current physical examination record, a physician’s Physical Examination Report (DYS: F7-17) or Healthy Children and Youth Screening Guide (HCY) shall occur within 15 working days of placement to any DYS residential facility or as soon as possible based on MC+ activation” (pg. 3).

· Policy 7.3, Special Needs- “Youth who have been assessed to have special health care needs but who are not placed in a DYS residential facility shall have those needs identified within the Comprehensive Individual Treatment Plan (CITP). The SC in conjunction with the Regional Nurse or designee shall specify the identified need, the current treatment being administered, support the family, and ensure that the youth obtain necessary health care services from community resources” (pgs. 1-2).

· Policy 7.4, Access to Medical- “All youth under the direct care, custody and control of the Division of Youth Services (DYS) shall have unimpeded access to appropriate health care services to ensure that health care needs, including prevention and health education, are met in a timely and efficient manner” (pg. 1).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

185.383 (b). 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

Medical and Mental Health Staff – One interviewed staff reported that the youth would receive follow up care and evaluated at a mental health hospital or facility. The hospital makes recommendations upon release. The DYS will implement such recommendations. Another staff reported that follow up care would include counseling, treatment plans, referrals for continued care, pregnancy tests, STD testing; with no cost to the victim.

115.383 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Interviews

Medical and Mental Health Staff – The interviewed staff reported that care is consistent or better than community level of care.

115.383 (d). N/A the facility only provides services to male residents.

115.383 (e). N/A the facility only provides services to male residents.

115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility staff will ensure that residents of sexual abuse are provided a sexually transmitted infections test, along with receiving any necessary follow up medical care.

Policy 9.18, Prison Rape Elimination Act (PREA), states that “The facility shall offer

	<p>medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with DYS Polices 6.1 Facility Programmatic Rights of Youth and the Grievance Process, 7.2 Standards, 7.3 Special Needs and 7.4 Access to Health Care Services” (p. 16).</p> <p>There were zero identified residents who reported sexual abuse at the facility.</p> <p>115.383 (g). Policy 9.18, Prison Rape Elimination Act (PREA), states that:</p> <ul style="list-style-type: none"> o Treatment services will be provided to all victims of abuse as outlined in DYS Policy 7.4 Access to Health Care Services, regardless of the victim’s willingness to name the abuser or cooperate in any subsequent investigation. o Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident (15-16). <p>There were zero identified residents who reported sexual abuse at the facility.</p> <p>115.383 (h). As reported in the PAQ, the facility, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy 9.18, Prison Rape Elimination Act (PREA), states that:</p> <p>Ongoing medical and mental health care for sexual abuse victims and abusers:</p> <ul style="list-style-type: none"> · The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with DYS Polices 6.1 Facility Programmatic Rights of Youth and the Grievance Process, 7.2 Standards, 7.3 Special Needs and 7.4 Access to Health Care Services (p. 16). <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed staff reported that mental health evaluations are conducted on all known resident on resident abusers. An assessment is done for immediate risk and a full mental health evaluation may be conducted at a mental health facility or hospital.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy 9.18, Prison Rape Elimination Act (PREA)
 - c. Policy 9.17, Critical Incidents
 - d. Critical Incident Review Form (blank)
 - e. Hogan Street Incident Review (2/13/2021)
2. Interviews:
 - a. Superintendent (Director)
 - b. PREA compliance manager
 - c. Incident review team - 2

Findings (By Provision):

115.386 (a). As reported in the PAQ, the facility, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.

Policy 9.18, Prison Rape Elimination Act (PREA) states that "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using Critical Incident Review Form F9-71, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include supervising Deputy Director, Regional Administrator (RA), Assistant Regional Administrator (ARA), Facility Manager(s) and Youth Group Leader(s), with input from investigators, and medical or mental health providers" (p. 16).

Policy 9.17, Critical Incidents, further states that "A Critical Incident Review shall occur immediately, but not more than 30 days from the conclusion of the investigation for sexual assaults, sexual misconduct, successful runaways, and behavior injurious to self/others requiring outside medical attention. (For those incidents involving sexual abuse, a review shall be conducted even if the allegation was not substantiated. A review is not necessary when the sexual abuse allegation has been determined to be unfounded)" (p. 4).

115.386 (b). The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse

investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0.

Policy 9.17, Critical Incidents, further states that "A Critical Incident Review shall occur immediately, but not more than 30 days from the conclusion of the investigation for sexual assaults, sexual misconduct, successful runaways, and behavior injurious to self/others requiring outside medical attention. (For those incidents involving sexual abuse, a review shall be conducted even if the allegation was not substantiated. A review is not necessary when the sexual abuse allegation has been determined to be unfounded)" (p. 4).

115.386 (c). The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Policy 9.17, Critical Incidents states that "The review team shall include appropriate management staff. For incidents involving sexual assaults or misconduct the review team will include the supervising Deputy Director, RA, ARA, Facility Manager(s) and Youth Group Leader(s), with input from investigators, and medical or mental health providers" (p. 4).

Interviews:

Superintendent (Director)-The interviewed staff reported that the facility has an incident review team. The team involves upper-level facility leadership.

115.386 (d). The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

Documentation Reviewed

Critical Incident Review Form (blank)

Interviews

Superintendent (Director) - The interviewed staff reported that the incident review team will use the information to develop an Action Plan that entails the subject of action, responsible person and when implemented. The team will look to adjust policies and procedures to eliminate the issue and provide more training or specialized refreshers.

PREA Compliance Manager - The interviewed staff reported that the transgender or intersex residents are given the opportunity to shower separately from other residents. All residents will shower separately.

Incident Review Team-The interviewed staff on the incident review team reported that their review will consider whether the incident was motivated by race, ethnicity, gender identity; gang affiliation, or other group dynamics. They will

	<p>complete the critical incident review process and examine the area for any facility barriers or staffing levels. Some ways this is done is by looking at blind spots, shift logs, staff plans and any youth or staff concerns. The camera system is typically always reviewed during the process.</p> <p>115.386 (e). The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Documentation Reviewed</p> <p>Hogan Street Incident Review (2/13/2021)</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <p>Findings (By Provision):</p> <p>115.387 (a/c). As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Policy 9.18, Prison Rape Elimination Act (PREA) states that, "Data collection, review for corrective action, storage, publication, and destruction</p> <ol style="list-style-type: none"> a. DYS shall collect and aggregate incident-based sexual abuse data from DHS and contractual residential facilities at least annually. b. DHS shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary. c. DHS will prepare an annual report of its findings and corrective actions for

each facility, as well as DYS as a whole (p. 17).

115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually. Per Policy 9.18, Prison Rape Elimination Act (PREA), the facility will prepare annual reports. This report will include the identification of findings and corrective action plans.

115.387 (d). As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Policy 9.18, Prison Rape Elimination Act (PREA), states that:

DYS will prepare an annual report of its findings and corrective actions for each facility, as well as DYS as a whole.

1. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the DYS's progress in addressing sexual abuse.
2. DYS's report shall be approved by director and made readily available to the public through its website or, if it does not have one, through other means.
3. DYS may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted (pp. 17-18).

Documentation Reviewed

115.387 (e.) Policy 9.18, Prison Rape Elimination Act (PREA) states that, "Data collection, review for corrective action, storage, publication, and destruction:

- a. DYS shall collect and aggregate incident-based sexual abuse data from DYS and contractual residential facilities at least annually.
- b. DYS shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary.
- c. DYS will prepare an annual report of its findings and corrective actions for each facility, as well as DYS as a whole (pgs. 17-18).

115.387 (f). As reported in the PAQ, the agency has not been requested to provide the Department of Justice (DOJ) with data from the previous calendar year upon request.

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) c. Annual Report and Corrective Action (2019-2021) 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. PREA coordinator c. PREA compliance manager <p>Findings (By Provision):</p> <p>115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> · Identified problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as the agency as a whole. <p>Policy 9.18, Prison Rape Elimination Act (PREA) states that, “Data collection, review for corrective action, storage, publication, and destruction:</p> <ol style="list-style-type: none"> a. DYS shall collect and aggregate incident-based sexual abuse data from DYS and contractual residential facilities at least annually. b. DYS shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary. c. DYS will prepare an annual report of its findings and corrective actions for each facility, as well as DYS as a whole (pgs. 17-18). <p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Annual Report and Corrective Action (2019-2021)

Interviews

Agency Head – The interviewed agency head reported that incident-based sexual abuse data is used to prevent, detect, and respond to practice and training.

PREA Coordinator – The interviewed staff reported that the agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency will review and develop corrective action plans as needed. Annual reports are prepared and provided on the agency website.

PREA Compliance Manager – The interviewed staff reported that transgender or intersex inmates are individually assessed prior to facility placement. The facility manager does this during intake with youth upon arrival through the questions that are asked on the assessment.

115.388 (b). As reported in the PAQ, the annual report indicates a comparison of the current year’s data and corrective actions to those from prior years.

Documentation Reviewed

- Annual Report and Corrective Action (2019-2021)

115.388 (c). As reported in the PAQ, the agency makes its annual report readily available to the public, at least annually, through its website. The Division of Youth Services Prison Rape Elimination Act annual reports, for both the agency and contracted providers, are provided at the following site: <http://dss.mo.gov/reports/prison-rape-elimination-act-reports/>

Interviews

Agency Head – The interviewed agency head reported that they approve annual written reports.

115.388 (d). When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Policy 9.18, Prison Rape Elimination Act (PREA) states that, “Data collection, review for corrective action, storage, publication, and destruction:

- a. DYS shall collect and aggregate incident-based sexual abuse data from DYS and contractual residential facilities at least annually.
- b. DYS shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary.
- c. DYS will prepare an annual report of its findings and corrective actions for each facility, as well as DYS as a whole (pgs. 17-18).

	<p>Documentation Reviewed</p> <ul style="list-style-type: none"> · Annual Report and Corrective Action (2019-2021) <p>Interviews</p> <p>PREA Coordinator - The interviewed staff reported that personal information is redacted from the annual report.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <ol style="list-style-type: none"> a. PREA coordinator <p>Findings (By Provision):</p> <p>115.389 (a). The agency reported in the PAQ that incident-based and aggregate data is securely retained. Policy 9.18, Prison Rape Elimination Act (PREA), states that "DYS shall ensure that data collected are securely retained" (pg. 18)</p> <p>Interviews</p> <p>PREA Coordinator - The interviewed staff reported that the agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency will review and develop corrective action plans as needed. Annual reports are prepared and provided on the agency website.</p> <p>115.389 (b). Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p>

	<p>Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public through the DSS internet page at least annually” (pg. 18).</p> <p>The Division of Youth Services Prison Rape Elimination Act annual reports, for both the agency and contracted providers, are provided at the following site: http://dss.mo.gov/reports/prison-rape-elimination-act-reports/</p> <p>115.389 (c). As reported in the PAQ, the facility shall remove all personal identifiers before making aggregate sexual abuse data public. Policy 9.18, Prison Rape Elimination Act (PREA), states that “DYS may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted” (p. 18).</p> <p>115.389 (d). Policy 9.18, Prison Rape Elimination Act (PREA) indicates that “DYS shall maintain sexual abuse data for at least 10 years after the date of its initial collection.” (p. 18).</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Policy 9.18, Prison Rape Elimination Act (PREA) 2. Interviews: <ol style="list-style-type: none"> a. PREA coordinator <p>Findings (By Provision):</p> <p>115.401 (a). Policy 9.18, Prison Rape Elimination Act (PREA) states that “Audits: contents, findings, corrective action plan and appeals:</p> <ol style="list-style-type: none"> 1. DYS shall adhere to frequency and scope of audits in accordance with PREA Standard 115.393. 2. DYS shall ensure that the auditor’s final report is published on DSS internet

	<p>page (p.18).</p> <p>115.401 (b). The agency has conducted at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency is audited. Documentation can be located on the agency website.</p> <p>115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the interim director and PC. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (m). The auditor was provided private rooms throughout the facility to conduct resident interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p>A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO BOX or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision):

115.403 (f). Policy 9.18, Prison Rape Elimination Act (PREA) states that "Audits: contents, findings, corrective action plan and appeals:

1. DYS shall adhere to frequency and scope of audits in accordance with PREA Standard 115.393.

2. DYS shall ensure that the auditor's final report is published on DSS internet page (p.18).

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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" or areas where staff or residents may be isolated)?	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 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	yes

	functions of the facility? (N/A for non-secure facilities)	
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	yes

	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?	
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:	yes

	Residents who have speech disabilities?	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	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: 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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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.)	na
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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.)	yes
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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	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	
	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.	yes
115.352 (b)	Exhaustion of administrative remedies	

	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.)	na
	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.)	na
115.352 (c)	Exhaustion of administrative remedies	
	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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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.)	na
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.)	na
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	yes

	cooperates with any investigation arising out of the incident?	
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	yes

	the confinement of its residents.)	
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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