

# Prison Rape Elimination Act (PREA) Audit Report

## Juvenile Facilities

Interim  Final

**Date of Report** February 15, 2019

### Auditor Information

**Name:** Dwight L. Fondren

**Email:** fondu714@hotmail.com

**Company Name:** Correctional Management and Communication Group LLC.

**Mailing Address:** 6208 NW 78th Street

**City, State, Zip:** Kansas City, MO 64151

**Telephone:** 816-699-0244

**Date of Facility Visit:** January 8, 2019

### Agency Information

**Name of Agency**

**Governing Authority or Parent Agency** *(If Applicable)*

Jackson County Juvenile Detention Center

Jackson County Family Court

**Physical Address:** 625 East 26th Street, Kansas City, MO 64108

**City, State, Zip:** Click or tap here to enter text.

**Mailing Address:**

**City, State, Zip:** Click or tap here to enter text.

**Telephone:** 314-615-4400

**Is Agency accredited by any organization?**  Yes  
 No

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency mission:** To ensure the safety and security of the residents within the juvenile detention facility while promoting a self-assessment and self-growth environment.

**Agency Website with PREA Information:** [http:// www.16thcircuit.org/family-court](http://www.16thcircuit.org/family-court)

### Agency Chief Executive Officer

**Name:** Theresa Byrd

**Title:** Deputy Court Administrator

**Email:** Theresa.byrd@courts.mo.gov

**Telephone:** 816-435-4850

### Agency-Wide PREA Coordinator

**Name:** Hilton Simien

**Title:** Control Room Supervisor

<b>Email:</b> Hilton.simien@courts.mo.gov	<b>Telephone:</b> 816-435-4700
<b>PREA Coordinator Reports to:</b> Tyra Sanders	<b>Number of Compliance Managers who report to the PREA Coordinator</b> N/A

### Facility Information

<b>Name of Facility:</b> Jackson County Juvenile Detention Center	
<b>Physical Address:</b> 625 East 26th Street Kansas City, MO 64108	
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.	
<b>Telephone Number:</b> 816-435-4700	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> To ensure the safety and security of the residents within the juvenile detention facility while promoting a self-assessment and self-growth environment.	
<b>Facility Website with PREA Information:</b> <a href="http://www.16thcircuit.org/family-court">http:// www.16thcircuit.org/family-court</a>	
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### Facility Administrator/Superintendent

<b>Name:</b> Stephanie Magee	<b>Title:</b> Superintendent
<b>Email:</b> Stephanie.magee@courts.mo.gov	<b>Telephone:</b> 816-435-4763

### Facility PREA Compliance Manager

<b>Name:</b> Hilton Simien	<b>Title:</b> Control Room Supervisor
<b>Email:</b> Hilton.simien@courts.mo.gov	<b>Telephone:</b> 816-435-4700

### Facility Health Service Administrator

<b>Name:</b> Kim Wilson	<b>Title:</b> Facility Nurse/RN
<b>Email:</b> kim.wilson@courts.mo.gov	<b>Telephone:</b> 816-435-4703

### Facility Characteristics

<b>Designated Facility Capacity:</b> 40	<b>Current Population of Facility:</b> 22
<b>Number of residents admitted to facility during the past 12 months</b>	274
<b>Number of residents admitted to facility during the past 12 months whose length of</b>	163

<b>stay in the facility was for 10 days or more:</b>		
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		255
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>		0
<b>Age Range of Population:</b>	12-17	
<b>Average length of stay or time under supervision:</b>		21 days
<b>Facility Security Level:</b>		Maximum
<b>Resident Custody Levels:</b>		Secure Detention
<b>Number of staff currently employed by the facility who may have contact with residents:</b>		23
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>		5
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>		2 Med/Dental
<b>Physical Plant</b>		
<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 4	
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0	
<b>Number of Open Bay/Dorm Housing Units:</b>	0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	6	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> There are fifty seven total cameras located on facility grounds. The control room monitors the cameras on a twenty-four hour basis.		
<b>Medical</b>		
<b>Type of Medical Facility:</b>	Nurse on Duty-No on-site medical facility	
<b>Forensic sexual assault medical exams are conducted at:</b>	Children's Mercy Hospital.	
<b>Other</b>		
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	2 volunteers/3 Contractors.	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	0	

# Audit Findings

## Audit Narrative

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

Jackson County Juvenile Detention Center is a hardware secure, 40 bed facility, housing both male and female youth (ages 12-17) under the direction of the Jackson County Family Court. The facility is located in Kansas City, Missouri and employs 23 full-time staff. The youth being held in the Jackson County Juvenile Detention Center have been sentenced in the court system and are awaiting placement or have a pending trial. The youth attend school daily directed by the Kansas City school district.

## Audit Methodology

### Pre-Onsite Audit Phase

The PREA Auditor was in communication with the Jackson County Juvenile Detention Center (JCJDC) Facility PREA Compliance Manager (PCM) and the Agency PREA Coordinator (APC) to discuss access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations prior to the site visit. The Facility Control Room Supervisor serves as the facility's PCM. The Superintendent and PCM were very receptive to the audit process and were well informed of the role of the Auditor and the expectations during each stage of the PREA audit.

The notification of the on-site audit at JCJDC was posted on November 27, 2018, six weeks prior to the date of the onsite audit. The posting of the notices was verified by photographs received electronically from the APC. The photographs provided with the Pre-Audit information indicated notices were posted strategically throughout the facility, accessible to residents, staff, visitors, contractors, and volunteers. The Auditor noticed that the notifications were placed in the lobby, hallways, living units, and common areas. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. All notices observed were posted at eye levels easy for a person to see either standing or sitting. All residents in the facility during the time of the site visit spoke and read English. No correspondence was received during any phase of the audit.

Prior to the Auditor's onsite visit to the facility, the Auditor was available to assist the PCM in developing and completing the Pre-Audit Questionnaire (PAQ). This document identified the minimum information and supporting documents that the facility should submit to the Auditor before the onsite audit begins. The completed JCJDC PAQ, policies, procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The JCJDC PAQ was received on December 17, 2018. Although the PAQ was not received on the projected due date of December 11, 2018, the flash drive was received by the Auditor and was within an adequate timeframe for review. An initial assessment was conducted of the information provided and it was determined the information was provided in detail on the flash drive. The documentation on the flash drive was well organized by each standard, including the identified provisions of each standard.

The PCM had been previously provided a document by the Auditor titled, "Information Requested to Determine Staff and Residents to be interviewed during the On-site PREA Audit." The document was

completed and provided the Auditor onsite. The document requested the identification of the staff members who served and performed in specific PREA-related specialized roles within the facility, including volunteers and contractors who have contact with residents. The document requested a list of security staff and their shift assignments and a resident population roster. Additionally, the request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender residents; and residents housed in isolation. The Auditor communicated with the PCM to confirm schedules and to clarify specialized PREA roles. A current resident roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and residents, including targeted resident interviews.

The facility provided the lists and information before or during the site visit that assisted with the following determinations and interview selections:

<b>Lists/Information</b>	<b>Comments</b>
Complete Resident Roster	An up-to-date roster was provided on the day of the site visit.
Youthful inmates/detainees	There were 22 Residents on site at the start of this audit.
Residents with disabilities	None was identified.
Residents who are Limited English Proficient	None was identified.
LGBTI/Gay/Bisexual Residents	One was identified.
Residents who identified as Transgender/Intersex	None were identified
Residents in segregated housing	The Facility does not have a segregated housing.
Residents in Isolation	None was in isolation.
Residents with Cognitive disabilities	Two were identified.
Residents who reported sexual abuse	Two were Identified.
Residents who reported sexual victimization during risk screening	One was identified.
Staff roster for the time of the site visit	The roster was provided during the pre-onsite phase of the audit. There was 23 staff currently employed.
Specialized Staff	Thirteen specialized staff were identified and interviewed.
Contractors who have contact with the residents	Three contractors were identified
Volunteer who has contact with the residents	Two volunteers were identified.
All grievances/allegations made in the 12 months preceding the audit	0
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	0
Hotline calls made during the 12 months preceding the audit	0
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	The facility reported there were 0 allegations of sexual abuse or sexual harassment in the 12 months preceding the audit.

The Auditor reviewed the lists/documents provided and conferred with the Superintendent and PCM in development of the interview schedule to ensure clarity regarding specialized PREA roles among staff.

Internet research of the facility revealed no indication of litigation, U. S. Department of Justice involvement, or federal consent decrees. General and specific information about the facility and the

programs and services provided are detailed on the facility's website. An array of information, pictures of the facility and contact information may be accessed from the informative page. The facility's website also contains PREA information including but not limited to the zero-tolerance and coordinated response policies. The PREA audit report for the initial audit in 2016 is also located on the website.

### **Onsite Audit Phase**

The on-site visit was conducted January 8, 2019 by Dwight L. Fondren (Auditor). The Auditor arrived onsite during the early morning hours in order to interview some staff members on the overnight shift and observe early morning operations. JCJDC random staff members working the overnight shift were interviewed immediately upon the Auditors' arrival to the facility to reduce the accrual of overtime hours. Once the interviews were completed, an entrance conference was conducted. In addition to the Auditor, the entrance conference included the Director of Residential Services, the Facility Superintendent and Facility PREA Compliance Manager. Formal introductions were made and a review of the audit process, site visit activities and the itinerary. During the conference the Auditor discussed the information contained in the PAQ. Site review Instructions were covered to include a description of the areas of the facility to be toured; operations and practices to be observed; and questions that should be asked of staff and residents to conduct a thorough site review. Additionally, interview protocols to be used by the Auditor to interview staff and residents as part of the audit were discussed. Required documentation, relevant observations, the interview protocols, and the audit compliance tool were used to establish evidence of standard compliance. At the time of this audit, the facility employed 23 staff. The resident population was 22.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and led by the PCM. The tour included all areas of the facility. The facility was clean, in good repair, and well maintained. All areas were viewed, including the administration area, medical area, intake area, kitchen, dining room/visitation area, leisure/recreation areas, an indoor gymnasium, and the living unit area. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility. Additionally, informational pamphlets about PREA were found in areas where staff and youth have access. The PREA notice contained large enough print to make them accessible and easy to see and read and was in English and Spanish. Posted signs were observed regarding general PREA information including emergency and non-emergency numbers for assistance. The posted information included instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services. Questions were answered by staff during informal interviews regarding detention resident activities and program services as the site review progressed throughout the facility. The site visit also included the outside grounds. Telephones were observed in the master control which was available for legal and personal contacts as well as reporting allegations of sexual abuse and sexual harassment; the telephones were in working order. The reporting process was discussed during the site review. Directions for accessing the crisis hotline were posted and included the limitations of confidentiality.

Male and Female staff are required to announce their presence upon entering the units and knock on entrance doors to alert the residents that opposite gender staff were making rounds/inspections or entering the areas. Signs acknowledging the requirements were observed in the detention area during the site review. Visibility is enhanced with the strategic use of cameras, mirrors and windows in doors. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. In addition to staff explaining to each resident during intake, the shower procedures are printed and posted at the entrance of the bathroom.

Medical Request Forms, grievance forms, and the locked boxes for each are posted in a common area, accessible to all residents and designated staff. All residents have access to writing utensils for completing the forms. Signage was posted indicating where residents were not allowed or only allowed with staff supervision. The doors to closets and storage rooms are kept locked.

The facility currently has a Memorandum of Understanding (MOU) with the Metropolitan Organization to Counter Sexual Assault (MOCSA) to provide victim supportive services to youth upon request. During the on-site audit, during youth interviews, it was found that most of the youth knew about the victim advocate services provided by MOCSA. As a result of the 2016 Agency PREA Audit findings, the facility is currently conducting groups with all youth in order to deliver the information about the Victim Advocate Services. This Auditor verified the group sessions. A MOCSA Program Representative was interviewed by phone and confirmed the advocacy services to be provided in accordance with the agreement. Documentation and interviews with the Nurse and Medical providers confirmed forensic medical examinations will be performed at Children’s Mercy Hospital or Truman Medical Center, both in Kansas City, MO. The hospital’s Sexual Assault Policy provides that a Sexual Assault Nurse Examiner (SANE) will conduct the examinations. According to the Hospital’s written Policy, when a SANE is not available, the Emergency Department Physician and Emergency Department Nurse will assume care of the patient and follow the protocols outlined in the Policy.

**Interviews**

Twenty-three staff is currently employed at the facility that may have contact with residents. There were 22 residents at the start of the site visit. A number of JCJDC staff provides dual services and roles in the management of the PREA Programs. Sixteen staff was interviewed to include the Superintendent; six security staff (from all three 8-hour shifts); one administrative staff; three contract staff, eight specialized staff, and eight random staff. The random staff members interviewed covered all shifts and specialized staff members interviewed was based on their job duties and PREA roles, including two contractors. Although eight individuals were identified for specialized interviews, the specialized interviews conducted included staff members in this category serving in more than one PREA related specialized role. The interviews with staff and contractor indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Staff interviews conducted by the Auditor were done in the privacy of a conference room.

During this process the Auditor did not limit the interview questions to only those included in the protocols; rather, additional site specific questions were asked to use as a starting point for eliciting information about the facility’s compliance with the PREA Standards. All Responses to the interview questions were part of the Auditor’s compliance assessment. There re no on-site medical providers at the center. Resident interviews support staff’s compliance with the facility’s prohibition of cross-gender viewing and pat searches. This Auditor was provided evidence to ensure compliance to the PREA as documented in this report.

The Auditors conducted eleven resident interviews in the following categories during the onsite phase of the audit:

Category of Residents	Number of Interviews
Random Residents	5
Residents who Identify as Gay or Bisexual	1
Residents with a Cognitive Disability	2
Residents Report of Sexual Abuse	2
Residents with Physical Disability	0
Residents Report of Sexual Abuse During Intake	1
Residents who Identify as Transgender or Intersex	0

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	3
Mental Health Staff	1

Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	2
Volunteers who have Contact with Residents	1
Contractors who have Contact with Residents	2
Investigative Staff	0
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	2
Designated Staff Member Charged with Monitoring Retaliation	1
Non-Security Staff First Responders	1
Intake Staff	2
Number of Specialized Staff Interviews	17*
Number of Random Staff Interviews	8
Total Random and Specialized Interviews	25
Total Interviews plus PREA Coordinator and Director/CEO	27

\* Although seventeen individuals were identified for specialized interviews, the specialized interviews conducted included staff members in this category serving in more than one PREA related specialized role.

### Onsite Documentation Review

The Auditor received many examples of documentation from resident and staff files as part of the Pre-Onsite Audit Phase. During the Onsite Audit Phase the Auditor reviewed a sample of personnel files of the staff selected to be interviewed, including documentation of criminal background checks. The PAQ and facility policies, procedures and supporting documentation were reviewed prior to the site visit as well as on-site documentation when requested. The secondary documentation reviewed included, but was not limited to, Vulnerability Assessments, Grievance Form, Medical Request Form, PREA education and training acknowledgement forms, training records, checklists, sexual abuse coordinated response plan, annual staffing plan assessment, staff schedules, unannounced rounds reports, retaliation monitoring form, organization chart, and other documentation. The facility reports there were zero allegations of sexual abuse or sexual harassment in the past 12 months.

After the completion of the site visit process, an exit briefing was held in the conference room. The attendees were the Director of Residential Services, the Facility Superintendent, the Facility PREA Compliance Manager, the Administrative Assistant and the Auditor. The exit briefing served to review the onsite process and review program strengths. The Superintendent was given the opportunity to ask additional questions about the activities of the day and the shared information. The time table for the submission of PREA Report was discussed as well.

## Facility Characteristics

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

The facility is located in the Jackson County Family Court Building at 625 East 26th Street, Kansas City, Missouri. The tour of the facility was conducted by the Control Room Supervisor who also serves as the PREA Compliance Manager. The facility was clean, in good repair, and well maintained. This facility is spacious enough for the youth and staff with open hallways and good lighting. The facility is split within three floors of the building. The ground floor has an indoor gymnasium. There is also an outdoor basketball court. The first floor locates the administration area, control room, medical area, and supervisors' offices, five Dayrooms where the youth conduct groups, leisure time activities, and eat



their meals. On this floor there is also a kitchen, a classroom, and an orientation room. The youths' dorms are located on the second floor. There are 56 rooms with 40 rooms in use, 32 are for boys and eight are for girls. Most of the rooms have a toilet and a sink inside. There are four "Team" areas with two bathrooms for each area. Each bathroom has a shower, a sink, and a toilet. There are 57 total cameras located on facility grounds. The control room monitors the cameras on a 24 hour basis.

## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 0

N/A

**Number of Standards Met:** 43

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with the PREA Standards for Juvenile Facilities.

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

No Corrective Actions were required.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.311 (a)

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

#### 115.311 (b)

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

#### 115.311 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Documentation Reviewed:**

Circuit Court of Jackson County, Missouri Family Court Division (CCJCM/FCD) Policy and Procedure 150-04  
Organizational Chart  
PREA Coordinator’s Job Description  
Annual PREA Monitoring Report  
PREA Pre-Audit Questionnaire

**Interviews:**

Superintendent  
PREA Compliance Manager (PCM)  
Random Staff  
Residents

**Provision (a):**

An agency shall have a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct.

The facility Policy 150-04 mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility’s approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The Policy provides for the appointment of a PREA Coordinator by the Superintendent.

The Policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The Policy includes, but is not limited to, responding to sexual abuse and sexual harassment through reporting, investigations, assessments, crisis intervention, and disciplinary sanctions for residents and staff.

**Provision (b):**

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The facility policy indicated a designated position, PREA Compliance Manager (PCM). The Deputy Court Administrator/Family Court (DCA) has designated a member of the Family Court senior management to serve as PREA Coordinator for Family Court. The interview with the PCM, and observations, revealed that there is appropriate time and authority to perform the PREA duties. The evidence shows the Agency has designated an upper-level position of PREA Coordinator as verified through the organization chart; Policy; Job Description; review of the PREA Pre-Audit Questionnaire; and the interviews with the Superintendent and random staff. The PREA Coordinator has demonstrated he has sufficient time and authority to accomplish his PREA-related responsibilities.

**Provision (c):**

Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.

JCJDC does not contract with another facility to house its residents, according to the Policy and interview with the Superintendent.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.

**Standard 115.312: Contracting with other entities for the confinement of residents**

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

**115.312 (a)**

- 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  No  NA

**115.312 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

This standard is N/A. This facility does not contract with other entities for the confinement of youth.

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- 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  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- 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  No  NA
- 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  No  NA
- 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  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No

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

### 115.313 (e)

- 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  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy 420-14-DT-Staff Shortage/Back-up Coverage  
 Staffing Direct Care Staffing Pattern  
 Staff Scheduled for Duty-Direct Care  
 Unannounced Visit Summary Form  
 Pre-Audit Questionnaire

#### Interviews:

Facility Superintendent  
 PCM  
 Random Staff

**Provision (a):**

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

Facility Policy 420-14-DT provides details for maintaining the staffing ratios. The staffing plan for JCJDC mandates three staff members per shift with one being a female. The weekly schedule reviewed indicated that the 1st shift has three staff members, 2nd shift has three to five staff members, and 3rd shift has three to four staff members. PREA training is required of all new hires, as well as PREA refresher courses provided throughout the year to better ensure resident safety. The camera system is monitored constantly and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Superintendent and review of staffing plan and observations. The work schedules are based on the staffing plan and facility policy.

**Provision (b):**

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The CCJCM/FCD PREA Policy provides for a staff-to-resident ratio of 1:8 during the waking hours and 1:14 during the sleeping hours. The ratio during the sleeping hours may increase but will not be beyond the required ratio of 1:16 during the sleeping hours as indicated by the Policy and the interview with the Superintendent. The staff-to-resident ratio was in compliance during the site visit as observed during the comprehensive site review. Since the last PREA audit the average daily number of residents is six. The average daily number of residents on which the staffing plan is predicated is six.

The Facility Policy 420-14-DT "Staff Shortage/Back-up Coverage," states in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

**Provision (c):**

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the Superintendent required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.



CCJCM/FCD PREA Policy provides, at the least, an annual assessment of the staffing plan will be conducted. The Staffing Plan Assessment is conducted annually with the latest being conducted in January 2018 and is signed by the DJC. The document reviews but is not limited to the following areas prevailing staffing patterns; deployment of video monitoring system; and occurrence of unannounced rounds. Facility Design and Technology, provides that administration in conjunction with the Superintendent assess the video monitoring system at least annually and document the assessment.

**Provision (d):**

In the past 12 months, the facility, in consultation with the agency PREA Coordinator, assess, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section; to prevailing staffing patterns; the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan.

JCJDC has implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document when adjustments are needed to the staffing plan pursuant to paragraph (a) of this section. Interviews with the Director of Residential Services, the Superintendent and the PCM, it was revealed that management reviews the prevailing staffing patterns; installation of video monitoring systems and other monitoring technologies as well as the resources the facility has available to commit to ensure adherence to the staffing plan.

**Provision (e):**

The facility shall implement 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. The policy and practice must be implemented for night shifts as well as day shifts and prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

JCJDC has 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. Such policy and practice shall be implemented for night shifts as well as day shifts. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of a sample of documented unannounced rounds support unannounced rounds are conducted by intermediate level and higher level staff and by Supervisors for each shift at the various times as determined by a review of documentation and interviews. The unannounced rounds conducted by administrative staff are documented on the Unannounced Visit Summary Form. The Unannounced Supervisor Rounds checklist is used by shift Supervisors. Areas assessed during the unannounced rounds by the administrative staff includes all areas of the facility such as all living units; common area; staff break room; gymnasium; and classrooms. The Supervisors' unannounced rounds include all living units and provides for comments regarding mood, demeanor and interactions. The interview with the Superintendent and policy review indicated how they ensure that staff does not alert other staff when unannounced rounds are conducted. Staff members are not informed of the unannounced rounds and there is not a routine schedule regarding the rounds. Staff members are encouraged not to alert other staff members regarding the unannounced visits.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding supervision and monitoring.

## Standard 115.315: Limits to cross-gender viewing and searches

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

### 115.315 (a)

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

### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

### 115.315 (d)

- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- 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  No  NA

### 115.315 (e)

- 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  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
 Yes  No

## 115.315 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy No. 150-04  
PREA Pre-Audit Questionnaire  
Training Acknowledgement Statements  
Training Sign-in Sheet  
Resident Pat-Down Searches & Control of Contraband Accountability Form  
Resident Handbook

#### Interviews:

Facility Superintendent  
PCM  
Random Staff  
Random Residents

#### Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

CCJCM/FCD PREA Policy 430-68-DT provide limits to cross gender viewing and searches and prohibits cross-gender strip searches and cross-gender visual body cavity searches. There is no evidence of cross-gender strip searches or cross-gender visual body cavity searches occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the Superintendent, no such searches have been conducted.

**Provision (b):**

The agency always refrains from conducting cross-gender pat-down searches of female residents, except in exigent circumstances. In addition, the agency shall always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

Staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Additionally, the search must be approved by the Superintendent and the justification for the search must be documented. The facility does not restrict female youth in confinement access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Staff interviews confirmed they are aware of the restriction of conducting cross-gender pat-down searches except in exigent circumstances. Staff also indicated that cross-gender pat-down searches have not occurred at the facility, but the facility is prepared for them to be conducted in exigent circumstances.

**Provision (c):**

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. The Policy indicates that in the event a cross-gender search is warranted pursuant to an emergency circumstance, it must be approved by the Superintendent and the justification for the search documented. Such searches will be documented on a form currently used for all searches which have been used for same sex searches. The form requires the staff to record the reason for the search. A review of forms and interviews shows evidence that the facility is prepared to document and justify all cross-gender pat-down searches.

**Provision (d):**

The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The facility enables youth in their custody 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. Facility staff of the opposite gender announces their presence when entering the dorm area.

The evidence shows residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Based on the review of the documentation, staff interviews, and observations, the facility follows this provision of the standard. Additionally, viewing of the cameras and staff interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes.

**Provision (e):**

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

CCJCM/FCD Policy prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status. Staff interviews verified no such searches have occurred in the past 12 months. Staff does not search or physically examine a trans-gender or inter-sex youth in confinement or under supervision for the sole purpose of determining the youth's genital status. Interviews with staff and youth confirm the practice. According to the Superintendent and PCM interviews, if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

**Provision (f):**

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

CCJCM/FCD PREA Policy states that staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility provides training on how to conduct these searches in exigent circumstances using training curricula. Staff participation in the training is recorded with training sign-in sheets and training acknowledgement statements. One hundred percent of JCJDC staff training records reviewed indicated that they received the training on conducting cross-gender pat-down searches and searches of transgender and intersex residents. Staff interviews confirmed they are aware facility policy prohibits them from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the documentation reviewed and staff interviews, the facility meets this provision of the standard.

**Conclusion:**

Based on the reviewed documentation and interviews, the facility follows this provision of the standard.

## **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

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

#### **115.316 (a)**

- 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  No
  
- 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  No
  
- 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  No

- 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  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?

Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol 445-03-DT-Sexual Abuse and Assault  
Language Interpreter Services Provider Program  
Admission Summary Overview forms  
Resident Handbook in English and Spanish

#### Interviews:

Random Staff  
Random Residents  
PCM

#### Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 *CFR* 35.164.

Policy 230-04 requires the facility to take appropriate steps to ensure that youth with disabilities, including but not limited to, youth who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or

benefit from all aspects to prevent, detect, and respond to sexual abuse or sexual harassment. Such steps include, when necessary to ensure effective communication with youth who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, using any necessary specialized vocabulary. A review of posted materials, Resident Handbooks and policy, it was confirmed that the facility has ensured that written materials are provided in formats and through methods that ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A list of resources for these services was provided.

**Provision (b):**

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Policy 230-04 states that in order to ensure meaningful access and participation for Limited English Proficiency persons, the facility shall notify these youth that language interpreters are available to them at no cost and shall take reasonable steps to see that language services are provided. Youth are asked during the intake process to identify their first language. When it is determined that a youth is in need of language assistance, the youth's Case Manager is notified. Interpreter Services are provided prior to completing the admission. A language Interpreter Services is available and can be accessed by staff 24/7. The Resident Handbook is in English and Spanish. Interviews with staff and youth confirmed that youth are not used as interpreters.

A review of policies and observations indicates that the facility ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. The evidence shows residents with disabilities and who may be limited English proficient are provided 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. A language Interpreter Services is available and can be accessed by staff 24/7.

**Provision (c):**

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

According to Policy the facility prohibits the use of resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder duties, or the investigation of the allegation. When it is determined that a youth is in need of language assistance, the youth's Case Manager is notified. Interpreter Services are provided prior to completing the admission. Interviews with staff and youth confirmed that youth are not used as interpreters. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of an interpreter during the site visit.

**Conclusion:**

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Residents with disabilities and who are limited English Proficient are provided 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.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

- 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  No
- 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  No
- 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 question immediately above?  Yes  No
- 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  No
- 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  No
- 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 question immediately above?  Yes  No

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No

- 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  No
- 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  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

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

#### 115.317 (f)

- 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  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

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

#### 115.317 (h)

- 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  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

CCJCM/FCD PREA Policy 120-15, 320-12-JO, and 150 – Selection, Retention and Promotion  
PAQ Document: PREA Employment Questions/HR Questions-110918.docx

### Interviews:

Superintendent

PCM

Director Residential Services (DRS)

Random Staff

### Provision (a) & (f):

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist 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 (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Policies 120-15, 320-12-JO, and 150-04 address the requirements for background and criminal history screening. It is required that all applicants and employees who may have contact with youth are asked about previous misconduct. The PREA-related questions are included on the application which provides a notice that material omissions or the provision of materially false information may be grounds for disciplinary action up to and including termination. It is also required that the Hiring Authority consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with youth. Employees and contractors are to self-report all arrests, charges or summons, and/or complaints of any disqualifying offenses. Failure to do so may result in termination of employment or contract. Background screenings

are conducted every two years. This has been verified with the Agency PREA Coordinator and Human Resources staff.

**Provision (b):**

The agency shall consider any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The facility policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the DRS and Superintendent was aligned with the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview with the Superintendent, the facility follows this provision of the standard.

**Provisions (c) & (d):**

(c) Before hiring new employees or (d) contractors who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency policy requires background checks to occur prior to residents receiving services from contractors and volunteers and confirmed by the DRS's interview. Additionally, best efforts should be made 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. Based on the review of documentation and interview with the Superintendent, the facility follows this provision of the standard.

**Provision (e):**

The agency shall 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.

The agency policy is aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and at a minimum of every five years thereafter. The Agency is currently conducting background screenings every two years. This has been verified with the Agency PREA Coordinator and the DRS. This was also confirmed during the Superintendent's interview. Based on the review of documentation and the interview, the evidence shows the facility practices are aligned with the provisions of this standard.

**Provision (g):**

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

Facility Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the Superintendent, the evidence shows the facility follows this provision of the standard.

**Provision (h):**

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

In the past the agency was not providing information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for who the employee had applied for work. The State of Missouri does not prohibit the dissemination of this information. During the thirty days after the on-sight audit of 2016 the policy and procedure for 317, (h) was changed to comply with the standard. This Auditor reviewed the new policy. The interview with the Superintendent confirmed the facility would provide this information if requested to do so. Facility Policy also states the information would be provided when requested unless it is prohibited by law to provide the information.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

**Standard 115.318: Upgrades to facilities and technologies**

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

**115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect 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.)  Yes  
 No  NA

**115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect 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.)  Yes  
 No  NA

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

The interview with the Superintendent and according to the Pre-Audit Questionnaire, no substantial modification to the facility or upgrades to the camera system occurred since the last PREA audit in 2016. CCJCM/FCD PREA Policy, Supervision and Monitoring states that when there is substantial expansion to the facility, the ability to protect residents and staff from sexual abuse will be reviewed and ensured.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- 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  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

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

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol Policy 450-22-DT: Crime Scene Preservation  
CCJCM/FCD Detention Protocol Policy 445-03-DT: Sexual Abuse Assault  
Children's' Mercy Hospital/Kansas City-Child Abuse and Neglect Protocol (CAN)  
Staff - Victims Assistance Training Certificate  
MOU-Metropolitan Organization to Counter Sexual Assault (MOCSA)

#### Interviews:

Health Care Administrator  
Representative from MOSCA  
Superintendent  
PCM

#### Provisions (a) & (b):

(a) To the extent the agency is responsible for investigating allegations of sexual abuse the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility does not conduct administrative or criminal investigations according to policy 450-22-DT. Referrals are made to Child Abuse and Neglect (OHI) who conducts administrative investigations and the Kansas City Police Department who conduct criminal investigations. Forensic medical exams, when needed, would be conducted at the Children's Mercy Hospital in Kansas City, Missouri. Forensic exams would be conducted at no cost to the youth or their family. No forensic medical exams were conducted during the previous twelve months. The facility has an MOU with the Metropolitan Organization to Counter Sexual Assault (MOCSA) to provide victim advocate services to the youth.



**Provision (c):**

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The Agency Policy states forensic medical examinations, when needed, would be conducted at the Children's Mercy Hospital in Kansas City, Missouri. Forensic exams would be conducted at no cost to the youth or their family. The Sexual Assault Policy of the Hospital states that the medical forensic examination will be conducted by a SANE or SAFE.

**Provisions (d) & (e):**

(d) The agency shall attempt 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 agency shall make available to provide these services, a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member 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.

According to the agreement, with the Metropolitan Organization to Counter Sexual Assault (MOCSA), the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The Program Manager confirmed that advocacy services will be provided in accordance with the agreement. The interview with the PCM confirmed the resident and/or facility staff members are able to utilize the hotline to request a victim advocate.

**Provisions (f) & (g):**

(f) To the extent the agency, itself, is not responsible for investigating allegations of sexual abuse the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Allegations of sexual abuse that are criminal in nature are conducted by the Kansas City Police Department. The Kansas City Police Department is required to follow the agency protocol regarding sexual abuse/assault investigations. Agency policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults.

**Provision (h):**

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

In addition to a JCJDC staff member who has received Victims Assistance Training, the facility has an agreement for victim support services with MOCSA. The spokesperson for MOCSA stated that staff is trained to provide supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

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

#### 115.322 (a)

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

#### 115.322 (b)

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

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

## 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault  
Resident Handbook  
Pre-Audit Questionnaire

#### **Interviews:**

Agency Director  
DRS  
Superintendent  
PCM  
Random Residents  
Random Staff

#### **Provision (a):**

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Policy 445-03-DT details a comprehensive set of procedures to ensure that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. This policy describes the responsibilities of both the facility and the investigating agencies. This was verified in the interview with the Agency Head, DRS and Superintendent. For all cases of suspected abuse or neglect, a call shall be made to Child Abuse and Neglect (OHI) immediately or as soon as possible after learning of the incident. If the allegation involves potentially criminal behavior, the Superintendent or designee shall contact local law enforcement. All incidents shall be documented in an Informational Incident Report. There were no PREA-related allegations made during the previous 12 months. Staff interviews and training documentation confirmed that all staff have been trained on their responsibilities as mandatory child abuse reporters and understand their responsibilities to call OHI and local law enforcement (i.e., Kansas City Police Department) for sexual abuse incidents or suspicions.

**Provision (b) and (c):**

The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault details a comprehensive set of procedures to ensure that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. For all cases of suspected abuse or neglect, a call shall be made to Child Abuse and Neglect (OHI) immediately or as soon as possible after learning of the incident. If the allegation involves potentially criminal behavior, the Superintendent or designee shall contact local law enforcement. All incidents shall be documented in an Informational Incident Report. This policy describes the responsibilities of both the facility and the investigating agencies. This was verified in the interview with the Superintendent. Staff interviews and training documentation confirmed that all staff have been trained on their responsibilities as mandatory child abuse reporters and understand their responsibilities to call OHI and local law enforcement (i.e., Kansas City Police Department) for sexual abuse incidents or suspicions.

The facility's website provides the information and related policies for reporting allegations of sexual abuse. A third-party reporting form is also on the website. Reporting information is also posted in various areas of the facility including but not limited to living units. The posted information is accessible to residents, staff, contractors and visitors. The Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated.

**Provision (d):**

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The office of Child Abuse and Neglect (OHI) and the Kansas City Police Department have policies and a MOU governing investigations.

**Provision (e):**

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at JCJDC.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No

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

### 115.331 (c)

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

### 115.331 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy and Procedure 150-04 PREA Protocol  
 Circuit Court of Jackson County Policy and Procedures-Code of Ethics  
 Employee Course Completion History

#### Interviews:

Random Staff  
 Superintendent  
 PCM

**Provisions (a) and (c):**

All employees shall be provided information on the agency's zero tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA requirements. Documentation of receipt of the information and training shall be maintained in the employee training file.

The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The agency requires all staff to successfully complete a comprehensive PREA training. This training is offered annually and contains all of the elements required by the standard through Relias. It was verified by reviewing the training curriculum that all training is documented and staff sign statements that they have read and understood several agency and facility policies, including the reporting of alleged child abuse and PREA allegations. Samples of this documentation from staff files were reviewed and found in compliance. Staff interviews also confirm they have received and understood the training. The course curriculums covers the Agency's and the Facility's requirements for zero-tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA Standard 115.331 requirements. Documentation of receipt of the brochure shall be maintained in the employee training file.

The facility Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. This evidence shows staff members are provided all of the required training topics. Based on the review of the Pre-audit questionnaire, training curriculum, associated training materials and records, and staff interviews, the facility complies with the provisions of the standard.

**Provision (b):**

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if

the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses males and females and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy state the training shall be tailored to the needs and attributes to the population served.

**Provision (d):**

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The CCJCM/FCD Policy and Procedure 150-04 PREA Protocol and the Circuit Court of Jackson County Policy and Procedures-Code of Ethics provide the provisions and requirements for all training to be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. The facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is following the provisions of this standard.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

- 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  No

#### 115.332 (b)

- 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  No

#### 115.332 (c)

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

### Auditor Overall Compliance Determination

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



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

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

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

#### **Documents Reviewed:**

CCJCM/FCD 560-01, Policy and Procedures Training and Education for Volunteer Services  
JCJDC PREA Training Outline for Contract/Volunteer  
Training Attendance Record (Sign-in Sheets)  
CCJCM/FCD Policy 430-71-DT

#### **Interviews:**

Contractors  
Superintendent  
PCM

#### **Provision (a):**

The agency shall ensure 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.

The Policies require volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of training records and interviews document the training occurs.

#### **Provision (b):**

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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy 430-71-DT meets the requirements of the standard. The facility utilizes volunteers and contractors, who have completed the same comprehensive PREA training that staff is required to complete. Training documentation was reviewed. Staff interviews and files verified the training completion. The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The contractors and volunteers also stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.

**Provision (c):**

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The PREA Volunteer Guideline Agreement contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training. Policy 5.4 meets the requirements of the standard. The facility utilizes volunteers and contractors, who are required to complete the same comprehensive PREA training. The volunteer and/or contracted staff signs a Fundamental Practices Employee Agreement and Volunteer Guideline Agreement Documentation. The agreement form was all reviewed by this Auditor. Staff interviews and files verified the training completion.

**Standard 115.333: Resident education**

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

**115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

**115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

**115.333 (c)**

- Have all residents received such education?  Yes  No

- 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  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

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

#### 115.333 (f)

- 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  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Documents Reviewed:**

CCJCM/FCD Policy 430-71-DT

CCJCM/FCD Policy 445-03-DT

Juvenile PREA Intake Orientation Acknowledgement

Resident Handbook

Posters Observed

**Interviews:**

Random Residents

Intake Staff

Superintendent

PCM

**Provisions (a) and (b):**

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Policies 430-71-DT and 445-03-DT address youth orientation and education. During intake, all youth receive an orientation that includes the Family Court PREA information relating to sexual misconduct and abusive sexual contact. The information is available in English and Spanish. Interpretive services for other languages are available, if needed. Interviews with youth confirmed that the information is communicated orally and in written form; and that they understood the information presented. Interviews with intake staff confirmed that this orientation is consistently completed with each admission. Youth sign an acknowledgment of having received the PREA information during the intake process. A review of the case files of the youth who were interviewed found that all had signed and dated the relevant acknowledgment form on the day of intake. The facility had posters displayed with PREA Hot-Line numbers and addresses in all areas where youth and staff are present in English and Spanish. PREA Audit Notice postings were also displayed in the same areas. Furthermore, the facility provides written PREA materials in formats and through methods to ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have minimal vision.

**Provision (c):**

Current residents who have not received education prior to arrival at the facility shall be educated within one year of the effective date of the PREA standards, and shall 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.

The Intake staff was interviewed regarding PREA education for residents transferred to JCJDC. Available documentation reviewed indicated that residents' receipt of the information, including the resident signing the acknowledgement form.

**Provision (d):**

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; deaf; have intellectual, psychiatric and speech

disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Posted PREA information is in English and Spanish accessible to residents. Staff interviews confirmed residents are not used as translators or readers for other residents. Residents with cognitive disabilities revealed and understanding of the PREA information provided.

**Provision (e):**

The agency shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The resident interviewed was aware of PREA information, including the rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The PREA Compliance Manager was interviewed regarding PREA education for residents. The PREA Compliance Manager's duties and responsibilities are to ensure residents' receipt of the information, including the resident signing the acknowledgement form.

**Provision (f):**

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

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A brochure is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the hotline to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each resident is provided a Handbook and Safety Brochure. Posters were observed placed throughout the facility and were easy to see and read.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of this standard. CCJCM/FCD Policies address youth orientation and education. During intake, all youth receive an orientation that includes the PREA information relating to sexual misconduct and abusive sexual contact. The information is available in English and Spanish. Interpretive services for other languages are available, if needed. Interviews with youth confirmed that the information is communicated orally and in written form; and that they understood the information presented.

## Standard 115.334: Specialized training: Investigations

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

#### 115.334 (a)

- 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  No  NA

### 115.334 (b)

- 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  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

CCJCM/FCD 560-01, Policy and Procedures  
PAQ

**Documents Reviewed:**

CCJCM/FCD Policy 445-03-DT (revised)

**Interviews:**

Superintendent  
PCM

**Provision (a)(b)(c):**

In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Child Abuse and Neglect (OHI) will conduct administrative investigations into PREA related allegations. All Investigators complete investigator training to enhance their skills. Interviews confirm this practice. A review of policy and interviews with the Superintendent and PCM, Missouri Children’s Division Out of Home Investigators (OHI) and the Jackson County Sheriff (JCSJ) have trained their investigators to conduct investigations of sexual abuse, sexual misconduct and harassment for the Jackson County Juvenile Detention Center.

**Standard 115.335: Specialized training: Medical and mental health care**

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

**115.335 (a)**

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

**115.335 (b)**

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

### 115.335 (c)

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

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy and Procedures 445-03-DT – Sexual Abuse and Assault  
PAQ

#### Interviews:

Superintendent  
PCM

#### Provision (a):

The agency shall 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.

JCJDC employs contract medical care practitioners to work regularly in the correctional facility and will refer residents needing extended or emergency services to appropriate practitioners in the community. Interviews with medical and mental health staff confirmed they received additional specialized training. Documentation reviewed confirmed that staff received this training. The training reviewed meets the requirements of the standard. All medical and mental health care practitioners who work regularly in its facilities have received PREA training to include in how to detect and assess signs of sexual abuse and



sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**Provision (b):**

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations?

N/A. Medical staff at the facility do not conduct forensic exams.

**Provision (c):**

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere

Interviews and documentation indicated that contracted mental health staff received additional specialized training.

**Provision (d):**

Medical and mental health care practitioners employed by the agency shall also receive training mandated for employees by §115.331 and §115.332.

Interviews and documentation indicated that contracted mental health and medical staff have received the agency mandated training.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provision of this standard. CCJCM/FCD Policies address training requirements for mental health and medical contracted and volunteers with documented orientation and education. During initial job orientation and the facility's Cycle training, the training outline includes the PREA information relating to sexual misconduct and abusive sexual contact.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

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

**115.341 (a)**

- 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  No
  
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

**115.341 (b)**

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

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- 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  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

### 115.341 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy and Procedures Intake and Admission-Orientations  
Jackson County Family Court Vulnerability Assessment Instrument (VAI): Risk of Victimization and/or Sexually Aggressive Behavior/Overall Form  
PREA Education & Screening Log  
PREA Documents Summary Log

#### Interviews:

PREA Coordinator  
Staff Responsible for Risk Screening

#### Provision (a):

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Policy provides a risk screening occurs within 72 hours upon arrival to the facility. The Intake Coordinator will interview the resident at intake to obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The resident's risk level is reassessed periodically.

Policy 445-03-DT addresses risk screening. All youth are screened upon arrival for potential risk, utilizing the Admission and Placement Screening for Detention Centers, which contains the elements required by the standard. If the results from the Risk Assessment Tool indicate a probability for victimization or sexually aggressive behavior and/or violent behavior, the youth shall be assigned to an appropriate room close to staff posts. If the screening indicates that a youth has experienced prior

victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a contracted Mental Health provider. The follow-up shall be completed within 14 days. The Intake staff also completes an inspection of any other medical and mental health screenings that may have been conducted, as well as conversations with the youth during the admission process. Existing court records and case files are also consulted, if available. Policy requires intake staff, as part of the risk screening process, to attempt to ascertain information about any gender non-conforming appearance, mannerisms, or identification as LGBTQI.

All risk assessment documentation is securely maintained and accessible only on a need to know basis. Youth are assessed as needed, and more specifically if a youth makes an allegation of sexual abuse or harassment the entire screening is re-conducted. Files showed that all screenings were conducted within 24 hours of intake. Youth interviews confirmed that they received a risk screening during the admission process. Interviews with Specialized Staff who perform the risk screenings confirmed the comprehensive nature of the screenings and how housing decisions were made.

The facility provided the Auditor with examples of the screening tool. The PCM, responsible for monitoring risk screening, confirmed residents are screened whether a new admission or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. The risk screening occurs within 72 hours of intake, usually on the first day. Risk levels are reassessed periodically per the Intake staff and a review of documents. All residents interviewed entered the facility within the past 12 months. They confirmed they were asked questions like the following examples at intake:

- (1) Have you have ever been sexually abused?
- (2) Do you identify with being gay, bisexual or transgender?
- (3) Do you have any disabilities?
- (4) Do you think you might be in danger of sexual abuse at the facility?

Based on the review of the Pre-audit questionnaire, review of resident records, interview with the staff responsible for risk screening, and resident interviews, the evidence shows that the facility follows this provision of the standard.

**Provision (b):**

Such assessments shall be conducted using an objective screening instrument.

The Vulnerability Assessment is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The interview and review of Policy revealed how the objective instrument is administered to glean information to assist staff in keeping residents safe. The responses on the instrument garner a score and the risk level is determined by definition and the corresponding number to that definition. The Policy states residents will be screened within 72 hours of admission; however, interviews with residents indicated it is also administered earlier.

**Provision (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.

The Auditor reviewed VAI Sexual Assault Victim/Assailant Checklist screening instrument and determined all factors required by this provision of the standard are included. The interview with the PREA Compliance Manager confirmed she is aware of the elements of the risk screening instrument. The resident interviews also confirmed the administration of the screening instrument.

**Provision (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.

The review of the instrument and interview with the PREA Compliance Manager responsible for risk screening confirmed the information is ascertained through conversations with the residents using the VAI screening instrument. Resident interviews also revealed the instrument is used. The mental health provider stated that additional screening instruments are used and based on the needs of the resident. The staff and resident interviews are aligned with the Policy and this provision of the standard.

**Provision (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.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. Interviews and observations revealed the information is only available to the mental health staff and as a need to know basis, to Administrative staff and the PCM and. The documents are kept in the resident's file in a locked file cabinet in the records. The Auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- 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  No

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.342 (b)

- 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  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.342 (d)

- 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  No
- 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  No

#### 115.342 (e)

- 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  No

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- 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?)  Yes  No  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?)  Yes  No  NA

#### 115.342 (i)

- 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  No

#### Auditor Overall Compliance Determination

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

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

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

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

#### **Documents Reviewed:**

JJC Operations Manual PREA Guidelines,  
CCJCM/FCD Policy and Procedures 445-03-DT  
PAQ

#### **Interviews:**

Superintendent  
PCM  
Staff Responsible for Risk Screening/Intake  
Random Staff  
Random Residents

#### **Provision (a):**

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The facility Policy CCJCM/FCD Policy and Procedures 445-03-DT, provides guidance to staff regarding the use of the information obtained from the VAI. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of specific samples of the aforementioned completed screening instrument. The facility also uses additional screening instruments.

#### **Provision (b):**

Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The Policy states any use of isolation to protect a resident who is alleged to have suffered sexual abuse shall comply with § 115.342 and the provision (a). At no time will any client be denied any legally required educational programs, special education services, daily large-muscle exercise, or medical/mental health care. At risk residents may only be placed in isolation in an emergency situation, and only as a last resort if less restrictive measures are inadequate to keep the resident safe.



**Provision (c):**

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The restroom/showers were observed and were configured for a reasonable amount of privacy. A targeted resident interview revealed there is no special housing based on how a resident identifies, which was also supported by staff interviews and observations.

**Provision (d):**

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The Policy also provides that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews. There were no transgender or intersex residents in the facility during the site visit and this audit period. The PREA Compliance Manager's interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

**Provision (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.

The Policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident. JCJDC PCM is aware of the requirement. The PCM confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident. Based on the review of the Pre-audit Questionnaire and interview with the PCM, the evidence shows the facility follows this provision of the standard.

**Provision (f):**

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The Policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews. 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.

The Policy states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall document:

- (a.) The basis for the facility's concern for the resident's safety; and

(b.) The reason why no alternative means of separation can be arranged.

The Policy states every 30 days, staff shall afford each resident described in provision (b) of this section a review to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Superintendent confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility is prepared to provide a safe and secure environment and follow all provisions of this standard.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- 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  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- 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  No

#### 115.351 (c)

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

### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol, 430-51-DT Youth Grievance Procedures  
 Grievance Officer Master Log  
 JCJDC "Making a New Start" Resident Handbook  
 JCJDC Code of Conduct and Consequences Major and Minor Rule Violations  
 Residence Grievance Forms  
 Sample of Incident Report  
 Resident Handbook Acknowledgement

#### Interviews:

Superintendent  
 PCM  
 Random Staff  
 Random Residents

#### Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and 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.

CCJCM/FCD 430-51-DT Policy covers this standard. For the reporting duties and confidentiality section A covers it. Residents have several ways to report incidents. They also have established hotlines for both staff and residents to use to report PREA incidents. The Auditor tried the phone number while on-site and it worked appropriately. The JCJDC provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment. The residents also identified internal ways to report such as completing a grievance form; talking to a trusted staff member; completing a Medical Request Form; or tell an outside person or family member. In addition to verbally speaking to staff information is provided that includes how residents can privately report sexual abuse and sexual harassment via telephones through the 24-hour hotline of an agency not a part of the facility as confirmed by resident interviews, posters, staff, MOU, and posted phone instructions.

There are designated locked boxes and forms on the living units for depositing the written grievance forms. If a resident uses a grievance form to report allegations of sexual abuse or sexual harassment, they just need to place their name on the form, check the appropriate space and place it in the grievance box.

The resident receives a Resident Handbook which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living units and other areas visible to residents, staff, contractors and visitors. Residents revealed they can contact someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

**Provision (b):**

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

In addition to mandated reporters, youth may report actual or suspected abuse or neglect in accordance with Missouri Revised status sections 210.109 to 210-183. If a residents request to make a hotline call to report an abuse or neglect condition, the staff member receiving the request shall allow the youth to place the call in reasonable privacy. The youth may use the phone in visitation room #3. The door may be closed, but the staff member must have visual contact at all times of the resident. If conditions are such that the call cannot be placed immediately as soon as conditions allow for a call to be placed, the call shall be allowed. If the youth desire to contact an outside victim advocate regarding a sexual abuse assault or harassment concern the resident may contact MOCSA at 816-931-4527 using the conditions outlined in the above provisions.

**Provision (c):**

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

JCJDC requires all staff to report immediately, in accordance with CCJCM/FCD PREA Policy guidelines, any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. All staff are required to report retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment.

**Provision (d):**

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of telephone in an office; third-party reporting form online; report by email to administrative staff; and/or talk to supervisor in private.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways to privately report.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

- 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  No  NA

#### 115.352 (b)

- 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.)  Yes  No  NA
- Does the agency always refrain from requiring a 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.)  Yes  No  NA

#### 115.352 (c)

- 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.)  Yes  No  NA

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

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

#### 115.352 (e)

- 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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegation 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.)  Yes  No  NA

#### 115.352 (f)

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

### 115.352 (g)

- 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.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Documents Reviewed:**

CCJCM/FCD Detention Protocol, 430-51-DT-Youth Grievance Procedures  
CCJCM/FCD Detention Protocol, 445-04-DT-Abuse and Neglect Reporting  
CCJCM/FCD Detention Protocol, 445-03-DT-Abuse and Neglect Reporting  
JCJDC 430-68-Youth Detention Admission Procedures  
Residence Grievance Forms  
Sample of Incident Report  
Resident Handbook Acknowledgement

**Interviews:**

Superintendent  
PCM  
Random Staff  
Random Residents

**Provision (a):**

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The Auditor confirmed JCJDC has administrative procedures to address resident grievances regarding sexual abuse as determined by the review of Policy on Juvenile Rights, no grievances have been filed related to sexual abuse and no evidence to the contrary. Although there is a facility grievance procedure available for the youth, PREA Policy indicates that PREA allegations are not officially accepted through this method. In the interviews with the Superintendent, it was stated that if a grievance or note from the grievance box indicates a PREA allegation being reported, the grievance is immediately treated as if it had just been reported verbally with proper steps and reporting conducted.

**Provision (b):**

- (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident claiming the applicable statute of limitations has expired.

The facility Policy provide for the above provisions. Based on the review of the Resident Handbook, Administrative Review of Grievance form, resident interviews, and observations, the facility provides relevant information to the residents and has timelines in place to adhere to this provision of the standard.

**Provision (c):**

The agency shall ensure that—

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

According to the Policy, formal and informal staff interviews, and observations, residents are not required to give a grievance to a staff member and staff members are not permitted to place a grievance in the box for the resident. A locked grievance box is located on each housing unit. In the interviews with the Agency PREA Coordinator and the Superintendent, it was stated that if a grievance



or note from the grievance box indicates a PREA allegation is being reported, the grievance is immediately treated as if it had just been reported verbally with proper steps and reporting conducted.

**Provision (d):**

- (1) The agency shall 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.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the resident may consider the absence of a response to be a denial at that level.

There were no grievances filed that alleged sexual abuse in the 12 months preceding the audit. Based on the review of the Policy, resident interviews and Pre-audit questionnaire and associated memos of non-occurrence by the Superintendent, evidence shows the facility follows this provision of the standard.

**Provision (e):**

- (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- (2) 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.
- (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
- (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The Policy and the Third Party Reporting Form provide that third parties may file a grievance on behalf of residents and such action is not conditioned upon the resident agreeing to the filing of the grievance. There were no grievances alleging sexual abuse filed in the 12 months preceding the audit in which the resident declined third-party assistance. Based on the review of the Pre-audit questionnaire, and associated memos of non-occurrence, evidence shows the facility follows this provision of the standard.

**Provision (f):**

- (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The Policy provides for this provision of the standard. Once the grievance is received, it is dealt with through the appropriate administrative channels and Policy states that the resident will receive an initial response within 48 hours and a final agency decision within five calendar days.

**Provision (g):**

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The Policy requires the actions of this standard provision. During the past 12 months, there were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. Based on the review of the Policy, associated memos of non-occurrence, and posted information, evidence shows the facility follows this provision of the standard.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies. JCJDC has an administrative procedure for dealing with resident grievances regarding sexual abuse that is inclusive of all provisions required by the standard. The grievance procedure is contained in the Resident Handbook and explained to the residents.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

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

#### **115.353 (a)**

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.353 (b)**

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

#### **115.353 (c)**

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

### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol, 430-51-DT-Youth Grievance Procedures  
 CCJCM/FCD Detention Protocol, 445-04-DT-Abuse and Neglect Reporting  
 CCJCM/FCD Detention Protocol, 445-03-DT-Abuse and Neglect Reporting  
 JCJDC 430-68-Youth Detention Admission Procedures  
 CCJCM/FCD Detention Protocol, Reporting of PREA Violations  
 MOCSA Agency Protocols  
 MOCSA/Agency Contract Agreement  
 PREA Notification/Acknowledgement Form  
 Resident Handbook  
 Posted Information

#### Interviews:

Superintendent  
 PCM  
 MOCSA Advocacy Services Representative

#### Provision (a):

The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The facility currently has a letter/agreement with the MOSCA, to provide supportive services to youth upon request. Posters containing crisis hot-line number are prominently posted in the hallways and lobby area. Staff and youth interviews confirmed that staff provide youth with the limitations of confidentiality regarding mandatory reporting laws. Youth communications to these services are not monitored. Youth interviews confirmed that those who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed to make phone calls weekly to family members.

**Provision (b):**

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The Policy addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement brochure specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by the MOSCA.

**Provision (c):**

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility Policy states the facility has a MOU with the MOSCA advocacy agency, available by telephone to the resident for access to outside confidential support services. The resident may use the phone, located on each living unit, with staff assistance, to gain access and speak with a victim advocate. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Superintendent and the PCM confirmed the availability and accessibility of outside confidential support services to residents. Representatives of the advocacy agency stated that an advocate would go to the facility or the hospital upon request.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident access to outside confidential support services and legal representation.

## **Standard 115.354: Third-party reporting**

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

## 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy and Procedures Reporting of PREA Violations  
MOSCA Protocols  
PREA Brochure (Safety Pamphlet)  
PREA Notification/Acknowledgement Form  
Resident Handbook

#### Interviews:

Random Staff  
PCM  
Random Resident

#### Provision (a):

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed they may report allegations privately through the use of the abuse reporting hotline or a third party reporting form.

All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the

methods within the facility in which they may make third party reports such as file an emergency grievance, report to staff or a family member, or utilize the abuse reporting hotline telephone.

Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, residents, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third Party Reporting Form is observed to be located on the website and the reporting information is provided to parents/guardians. There were no third- party reports received during this audit period.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.361: Staff and agency reporting duties**

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

**115.361 (a)**

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

**115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

- 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  No

**115.361 (d)**

- 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  No
- 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  No

#### 115.361 (e)

- 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  No
- 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  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- 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  No

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy and Procedures Administration – Reporting of Allegations of Abuse or Neglect  
Supervisor’s Case Notes  
PREA Investigation Checklist

**Interviews:**

Random Staff  
Contract Medical Staff  
Contract Nurse/Mental Health Staff  
Local Hospital Representatives  
Superintendent  
PCM  
Random Residents

**Provision (a) and (b):**

The agency shall 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; 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. (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Policy 445-03-DT states that any person(s) providing services in the facility who receives information, regardless of its source, concerning staff sexual misconduct, youth sexual abuse, sexual harassment, or youth sexual misconduct, or who have reason to suspect, or who observe an incident, are required to immediately report the incident to the Shift Supervisor and Superintendent or Designee. Policy states that employees, volunteers, contractors and interns with Family Court Services are mandatory reporters for child abuse and are obligated by law to abide by this policy (i.e., Reporting Alleged Abuse). Policy states that all information related to a victim of staff sexual misconduct or youth sexual abuse shall be considered confidential and shall only be released to those who need this information to perform their duties. All staff understands that they are mandatory reporters. Medical and mental health staff report that they inform youth of their duty to report and the limitations of confidentiality at the initiation of services. All staff are mandated child abuse reporters and receives appropriate training. Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

Policy states that all information related to a victim of staff sexual misconduct or youth sexual abuse shall be considered confidential and shall only be released to those who need this information to perform their duties. All staff understands that they are mandatory reporters. Medical and mental health staff report that they inform youth of their duty to report and the limitations of confidentiality at the initiation of services. All staff is mandated child abuse reporters and receives appropriate training. Staff interviews confirmed that medical staff is mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

**Provision (c):**

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

Facility CCJCM/FCD Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with



staff indicated their knowledge of the prohibition of 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. Based on the review of documentation and interviews with staff, it is evident the facility follows this provision of the standard.

**Provision (d):**

(1) 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

**Provision (e):**

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Upon receiving the report, the Duty Supervisor shall review all information submitted, including all written reports. If needed, the reporting staff member may be directed to complete an incident report to aid in the review. The Director or Assistant Director or their designee shall promptly report all suspicions of abuse or neglect based on reasonable cause to the Children's Division hotline in accordance with Chapter 210, R.S. Mo. In the event a hotline report is made about an incident alleged to have occurred in the Center, the Family Court Administrator, the Director of Human Resources, DJO and DJO's Supervisor shall be promptly notified.

The Duty Supervisor shall, in consultation with the Director and/or Assistant Director, promptly conduct an investigation of the matter which may involve interviews of staff and/or residents as necessary. The Director and/or Assistant Director always reserve the right to conduct the investigation themselves. A written report of the investigation shall be submitted to the Director. All investigations and reporting referenced in this Policy shall be conducted as rapidly as reasonably possible. Nothing in this Policy shall prevent the reporting staff member or any other staff person from independently reporting the matter to the Children's Division hotline.

**Conclusion:**

The interviews with random staff, mental health and medical staff and Superintendent revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents.

## **Standard 115.362: Agency protection duties**

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

#### **115.362 (a)**

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Reviewed:

CCJCM/FCD Detention Protocol 430-52-Safety-Special Management Housing  
PAQ Documentation

#### Interviews:

Superintendent  
PCM  
Random Staff

#### Provision (a) §115.362

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Facility Policy requires staff to protect the residents through implementing protective measures. Administration of the Vulnerability Assessment provides information that assists and guide staff in keeping residents safe through housing and program assignments. The interviews of the random staff and the Superintendent revealed protective measures include but are not limited to alerting supervisors and management staff and separating the residents including moving to a different housing unit. The Superintendent and the random staff indicated the expectation is that any action to protect a resident would be taken immediately. The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of Vulnerability Assessments supports the information provided by residents.

There were no instances during the previous 12 months where a youth was subject to a substantial risk of sexual abuse. However, during interviews, all security and specialized staff clearly stated their understanding of the importance and duty to protect youth from harm. This is especially true with respect to youth who identify as LGBTQI. As noted above, the facility requires the Treatment Team to reassess placement and programming assignments for these youth every six months. This was verified in staff interviews and resident files. Policy gives LGBTQI residents the right to request their housing assignment be re-evaluated by the Treatment Team at any time during their length of stay. Furthermore, policy requires that if staff has a reason to believe that staff sexual misconduct or youth

sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. Staff report that they are to separate the youth and notify the Superintendent.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.

**Standard 115.363: Reporting to other confinement facilities**

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

**115.363 (a)**

- 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  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

**115.363 (b)**

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

**115.363 (c)**

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

**115.363 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-Sexual Abuse and Assault  
PAQ Documentation  
PREA Incident Report Log

**Interviews:**

Superintendent  
PCM  
Supervisory Staff

**Provisions (a), (b), (c), and (d):**

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

JCJDC has not had any incidents reported to them or that they have had to report during the auditing period. They do have a policy that cover their responsibilities if it were to occur. PREA policy 445-03 states that allegations of sexual abuse reported to have occurred at a prior facility or any institution shall require that the Superintendent receiving the report notify the Superintendent where the alleged incident occurred. The Superintendent stated in her interview that it is expected that such a report be made immediately upon learning of the allegation. There were no such reports or allegations made during the previous 12 months. Also, agency policy requires mandated reporters to report such an allegation to OHI.

**Conclusion:**

Based upon the information received and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to other confinement facilities.

**Standard 115.364: Staff first responder duties**

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

**115.364 (a)**

- 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  No
- 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  No

- 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  No
- 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  No

### 115.364 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Policy and Procedures 450-22-DT-Crime Scene Preservation  
 CCJCM/FCD Chain of Custody Form  
 First Responder Protocols for Sexual Abuse

#### Interviews:

Superintendent  
 PCM  
 Random Staff  
 Non-Security Staff First Responder

#### Provision (a):

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;

- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time-period that still allows for the collection of physical evidence, 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; and
- (4) If the abuse occurred within a time-period that still allows for the collection of physical evidence, 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.

Facility Policy provides that upon learning of an allegation that a resident was sexually abused the first security-level staff member to respond to the report shall be required to:

- (a.) Separate the alleged victim and abuser;
- (b.) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (c.) If the abuse occurred within a time-period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence.

Policy 450-22-DT details the facility's first responder duties. All staff is considered to be first responders. If there is a reason to believe that staff sexual misconduct or youth sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. The alleged victim and alleged perpetrator shall be physically separated. The shift supervisor is then notified. Staff directs that the alleged victim and perpetrator not be allowed to shower, wash hands, brush teeth, change clothes, urinate, defecate, drink or eat until all investigation and examination protocols are completed. The room/area where the alleged sexual contact occurred shall be secured by staff and not accessible until released by law enforcement. Non-punitive change in housing may be provided. The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations that a resident was sexually abused in the last 12 months.

**Provision (b):**

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Non-security staff who may act as a first responder were familiar with the duties in that role. They indicated they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. They further stated that they would accommodate the victim to the hospital.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.

## **Standard 115.365: Coordinated response**

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

#### **115.365 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol 445-03-Sexual Abuse and Assault  
PAQ Documentation  
PREA Incident Report Log  
Process for Investigating Sexual Assault Allegations Flow Chart

#### Interviews:

Superintendent  
PCM  
Random Staff

#### Provision (a): §115.365

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility follows the Process for Investigating Sexual Assault Allegations Flow which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The flow chart maps out the steps to take and staff responsibilities. The flow chart assist staff in confirming protocols are followed, including proper and timely notifications.

The random staff interviewed were familiar with the roles regarding the response to an allegation of sexual abuse. The Superintendent discussed the coordinated actions in response to an incident of sexual abuse which was parallel to Policy and the flow chart. Staff members are directed to follow the steps outlined in the Process for Investigating Sexual Assault Allegations Flow Chart and to utilize it in addressing the situation.

#### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse. No allegations of sexual abuse have been reported during this audit period.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

### 115.366 (a)

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

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Provision (a):

This standard is N/A. There are no agreements of the type defined in the standard in place or contemplated. There is no policy that would prohibit the JCJDC from removing alleged staff sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

## Standard 115.367: Agency protection against retaliation



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

### 115.367 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- 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  No

### 115.367 (c)

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

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

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documentation Reviewed:

CCJCM/FCD Detention Protocol 430-13-DT Basic Rights of Juveniles  
Retaliation Status Check Checklist  
Retaliation Monitoring Checklist

#### Interviews:

Retaliation Monitor  
Superintendent  
PCM  
Random Staff

#### Provision (a):

The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

The CCJCM/FCD Policy 430-13 states the facility shall protect all residents and staff from retaliation who report sexual abuse, sexual harassment or cooperate with sexual abuse or sexual harassment investigations. In Addition, Family Court Services Rule 420-01 states that Family Court facilities shall protect all youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other youth or staff. All reports of retaliation shall be taken seriously and may result in disciplinary action up to and including termination. The Superintendent is responsible for monitor retaliation. Periodic checks are included. Monitoring shall consist of a review of the following: (a.) the youth's disciplinary reports, (b.) Housing and room assignment, (c.) Program changes, (d.) Staff performance reviews and, (e.) Staff assignments and duties. Finally, the policy states that monitoring terminates once the allegation has been labeled unfounded by the investigating entity. Interviews and review of documentation indicated that the superintendent was knowledgeable on what to look for and what to do with respect to retaliation against, or by, youth and/or staff. This includes periodic status checks. There were no instances of actual or threatened retaliation during the previous twelve months.

**Provision (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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Policy identifies measures to protect staff and residents including the following:

- (a.) Initiating housing changes or transfers for resident victims or abusers;
- (b.) Removing alleged staff or resident abusers from contact with victims; and
- (c.) Providing emotional support services.

The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The Superintendent identified protective measures that are aligned with the Policy and standard, including separating the alleged abuser from the alleged victim. The Superintendent was knowledgeable on what to look for and what to do with respect to retaliation against, or by, youth and/or staff. This includes periodic status checks. There were no instances of actual or threatened retaliation during the previous 12 months.

**Provision (c):**

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Policy requires the monitoring of items identified in this provision of the standard. Superintendent explained during the interview how she would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation,

according to Policy. The monitoring will continue beyond 90 days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

**Provision (d):**

In the case of residents, such monitoring shall also include periodic status checks.

The Superintendent indicated status checks would be initiated with staff and residents. The Policy states periodic status checks will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.

**Provision (e):**

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

The Policy states if any other individual who cooperates with an investigation expresses the occurrence retaliation from another resident or staff member, JCJDC shall take appropriate measures to protect that individual against retaliation.

**Provision (f):**

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The Agency's Policy states the facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

- 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  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documentation Reviewed:

CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault

### Interviews:

Superintendent

PCM

Random Residents

### Provision (a):

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?

This is N/A. The facility does not utilize any form of segregated housing. Facility Policy states whenever room restriction or confinement is imposed as a consequence for a behavior of concern, the juvenile shall not be restricted or confined in excess of 24 hours unless the Superintendent of Detention or Designee has reviewed the juvenile's status. A review shall occur at least every 24 hours to determine the continued need for room restriction or confinement.

### Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- 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  No

#### 115.371 (c)

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

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

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

#### 115.371 (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  No
- 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  No

#### 115.371 (g)

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

#### 115.371 (h)

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

### 115.371 (i)

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

### 115.371 (j)

- 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  No

### 115.371 (k)

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

### 115.371 (l)

- Auditor is not required to audit this provision.

### 115.371 (m)

- 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  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

CCJCM/FCD Detention 450-22-DT Detention Protocol  
CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault  
PAQ

### Interviews:

DRS  
KCPD Representative  
Superintendent  
PCM

**Provision (a):**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The facility does not conduct criminal investigations according to policy 450-22-DT. Referrals are made to OHI, who will conduct administrative investigations and the Kansas City Police Department will conduct criminal investigations. The Policy further states that OHI facility appointing authority (usually the Superintendent) shall ensure cooperation and coordination with all investigating agencies/persons, and that the facility shall share all pertinent documentation, records, and available information with the agency.

If the alleged incident of sexual abuse or sexual harassment does not rise to a level requiring notification of law enforcement or the Children's Division, then Detention Administration shall conduct its own investigation in accordance with procedures set forth in Policy. Referrals are made to the Kansas City Police Department (KCPD) who will conduct criminal investigations. There were no criminal PREA-related allegations made during the previous twelve months.

**Provision (b):**

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The Superintendent stated that the Agency Investigators and KCPD investigators have received additional training in conducting investigations. Telephone interviews with Children's Division OHI and KCPD Investigators indicated that their investigative training including the requirements of this standard. The agency Policy CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault was revised to identify training requirements for Agency or outside investigators (i.e. Children's Division OHI and Jackson County Sheriff (JCSD)).

**Provision (c):**

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The agency Policy CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault was revised to identify training requirements for Agency or outside investigators (i.e. Children's Division OHI and Jackson County Sheriff (JCSD)). The PCM stated that documentation is maintained by the outside agencies and or evidence indicating that investigators are trained on how to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators are required to interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PCM stated that the documentation can be provided upon request. The auditor recommended that this information be maintained onsite. Information was provided to indicate the documentation is currently onsite.



**Provision (d):**

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The revised CCJCM/FCD Policy states that an investigation will not be terminated solely because the source recants the allegation. The interviews confirmed what the practice will be in accordance with the Policy and standard

**Provision (e):**

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Superintendent stated that Investigations that are criminal in nature are reported to the Missouri Hotline and investigated by the KCPD. The facility does not conduct criminal investigations according to policy 450-22-DT. Referrals are made to OHI, who will conduct administrative investigations and the Kansas City Police Department will conduct criminal investigations.

**Provision (f):**

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

The Director of Residential Services (DRS) and the Superintendent stated that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not be determined by the person's status as a resident or staff. Additionally, they stated that no resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation. The CCJCM/FCD Policy 445-03-DT-Sexual Abuse and Assault, Section 12 was revised to address this Protocol.

**Provision (g):**

Administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Policies states that Detention Administrators can conduct its own investigation in accordance with procedures set forth in Policy. The investigators have received the Agency's PREA training. The training includes procedures for first responder duties and understanding the agency's protocol for obtaining and documentation in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

**Provision (h):**

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

N/A. The Superintendent stated that Investigations that are criminal in nature are reported to the Missouri Hotline and investigated by the KCPD. Physical testimonial, documentary evidence and copies of the reports will be made available to the Agency where feasible.

**Provision (i):**

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

The Policy provides that Investigations that are criminal in nature are reported to the Missouri Hotline and investigated by the KCPD. The KCPD Division is responsible for referring for prosecution based on the outcome of the investigation.

**Provision (j):**

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

The Superintendent stated that all reports would be retained while the abuser is incarcerated or employed by the agency, plus five years, unless applicable law requires a shorter period of retention.

**Provision (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 support that the departure of the alleged abuser or victim from employment or control of JCJDC shall not provide a basis for terminating an investigation.

**Provision (l):**

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.

CCJCM/FCD Policy states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. According to the Superintendent, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed. There have not been any allegations of sexual abuse during this audit period.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.

## Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention 450-22-DT Detention Protocol  
CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault  
PAQ

#### Interviews:

DRS  
Superintendent  
PCM

#### Provision (i): §115.272

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

The agency and facility conduct administrative investigations when deemed appropriate. Once a substantiated finding is made by either the OHI or law enforcement, the agency may take disciplinary actions. The Agency PREA Coordinator reported that in practice the standard shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The DRS stated that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

#### Conclusion:

Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

### 115.373 (b)

- 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  No  NA

### 115.373 (c)

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

### 115.373 (d)

- 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  No
- 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  No

### 115.373 (e)

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

### 115.373 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Documents Reviewed:**

CCJCM/FCD Detention 450-22-DT Detention Protocol  
CCJCM/FCD Detention Protocol 445-03-DT Sexual Abuse and Assault  
PAQ  
Residents Notification of Findings form

### **Interviews:**

Superintendent  
PCM  
Random Residents

### **Provision (a):**

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Superintendent will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person(s), as determined by the interviews. All attempts to notify the residents of the outcome shall be documented. Documentation examples include entries into JIS via the computer; call logs entered into the resident's detention center file, email communications with the resident's case manager. The CCJCM/FCD Policy provides that any resident who makes an allegation of sexual abuse shall be informed verbally by the Superintendent in writing following an investigation, as to whether or not the allegation was substantiated, unsubstantiated, or unfounded.

### **Provision (b):**

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

As determined by the interviews and Policy, it was stated that the facility shall request all relevant information from the investigating agency in order to inform the resident of the outcome of the investigation.

**Provision (c):**

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy 445-03-DT addresses the requirements of this standard. The policy states that following an investigation into a youth's allegation of sexual abuse and receipt of the investigating agency's finding or findings, the Superintendent shall inform the youth the determined outcome. If the allegation alleges that an employee has committed sexual abuse against the youth, the Superintendent shall inform the youth when the employee is no longer employed at the facility; when the employee is no longer posted on the youth's unit; if the facility has learned that the employee has been criminally charged as a result of the allegation; or if the facility has learned that the employee has been convicted of charges related to the allegation. The facility is not required to report to the youth an employee's status if the allegation is unfounded.

**Provision (d):**

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

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The CCJCM/FCD Policy provides that following a youth's allegation that he or she has been sexually abused by another youth, the Superintendent shall inform the youth when if the facility learns the alleged abuser has been criminally charged or if the facility learns the alleged abuse has been convicted as a result of the allegation. The facility's obligation to notify the youth terminates if the youth is released from the Department of Public Safety custody. There were no PREA-related allegations made during the previous twelve months. The Superintendent stated his understanding and knowledge of the procedures for reporting findings of concluded investigations during the interview process.

**Provision (e):**

All such notifications or attempted notifications shall be documented.

The CCJCM/FCD Policy requires that attempts to notify the residents of the outcome shall be documented. Documentation examples include entries into JIS via the computer; call logs entered into the resident's detention center file, email communications with the resident's case manager.

**Provision (f):**

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The Policy provides the facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

**Conclusion:**

The interviews with the identified staff confirm the Policy requirements and their knowledge of the process of reporting to a resident regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to residents.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

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

#### 115.376 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Documents Reviewed:**

CCJCM/FCD Policy and Procedures 150-04 Compliance with PREA  
Residents Notification of Findings form  
Pre-Audit Questionnaire

### **Interview:**

DRS  
Superintendent  
Random Staff  
Random Residents

### **Provision (a):**

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Agency Policy 150-04 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is presumed to be termination in that such criminal charges usually result in incarceration. Any disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations. Agency policy requires all allegations of sexual abuse be reported to the Kansas City Police Department, regardless of whether the staff resigns or is terminated. This was confirmed in the interview with the Agency PREA Coordinator.

### **Provision (b):**

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Policy states that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident as confirmed by the Superintendent.

### **Provision (c):**

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The DRS and Superintendent stated that that disciplinary sanctions for violations of CCJCM/FCD policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, the Policy states all employee discipline and termination are governed solely by At Will employee law.

### **Provision (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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

CCJCM/FCD Policy states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies.

**Conclusion:**

Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff. CCJCM/FCD Policy covers this standard. They had no incidents to report.

## Standard 115.377: Corrective action for contractors and volunteers

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

### 115.377 (a)

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

### 115.377 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

**Documents Reviewed:**

CCJCM/FCD Policy and Procedures 150-04 Compliance with PREA  
Contractor/Volunteers Notification of Policy  
Pre-Audit Questionnaire

**Interview:**

Superintendent  
Random Staff  
Contractors

**Provision (a):**

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

PREA Policy 150-04 states that the Superintendent, or designee, is required to curtail, postpone or discontinue the services of a contractor, intern, volunteer or similar individual or volunteer organization, when substantial reasons for doing so exist, such as unlawful conduct or breach of facility rules, and regulations or engaging in activities that threaten the safety, order or security of the facility. The Superintendent reported that in the event the contractor or volunteer held a professional license issued by the state, the applicable licensing authority would be notified. Training records revealed the facility provides volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

**Provision (b):**

The facility shall take appropriate remedial measures and shall consider 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.

The Policy states the Superintendent will take appropriate remedial measures, and consider whether to prohibit further contact with residents in the case of any other violation of the sexual abuse and sexual harassment policies by a contractor or volunteer.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers.

**Standard 115.378: Interventions and disciplinary sanctions for residents**

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

**115.378 (a)**

- 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  No

#### 115.378 (b)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

#### 115.378 (c)

- 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  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- 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  No

#### 115.378 (e)

- 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  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

## 115.378 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol 430-57-DT

#### Interview:

Superintendent  
Random Staff  
Random Residents

#### Provision (a):

A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse.

Policy 430-57-DT states that youth are subject to consequences of sexual misconduct/offense pursuant to the Youth Disciplinary Process policy following the established due process. Appropriate remedial measures shall be considered whether to prohibit further contact with other youth. Youth consequences shall commensurate with the nature and circumstances of the sexual abuse or harassment committed, the youth's disciplinary history, and consequences imposed for comparable offenses committed by other youth with similar history. The facility takes into consideration whether a youth's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed. The Agency PREA Coordinator also clarified that the facility does not make any determination regarding whether a particular activity constitutes sexual abuse. This determination is made by a trained OHI investigator, court system, and/or Law Enforcement.

#### Provision (b):

Any disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally

required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

CCJCM/FCD Policy provides that disciplinary sanctions are 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. In the extreme event a disciplinary sanction results in the isolation of a resident, JCJDC shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Residents shall also have access to other programs and work opportunities to the extent possible and receive daily visits from medical and mental health staff, in accordance with Policy.

**Provision (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.

The CCJCM/FCD Policy provides that the disciplinary process considers 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. This was confirmed by the interview with the Superintendent.

**Provision (d):**

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

CCJCM/FCD Policy provides the facility considers whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.

**Provision (e):**

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CCJCM/FCD Policy provides the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

**Provision (f):**

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The CCJCM/FCD Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**Provision (g):**

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for residents.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

#### 115.381 (a)

- 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  No

#### 115.381 (b)

- 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  No

#### 115.381 (c)

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

#### 115.381 (d)

- 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  No

#### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-DT, Medical and Mental Health Care

**Interview:**

Superintendent  
Screening & Intake Staff  
Medical Providers

**Provision (a):**

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?

CCJCM/FCD Detention Protocol, states that if the screening for abusiveness and victimization indicates that a youth has experienced prior victimization, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health provider. The follow-up shall be completed within 14 days. All confidential data and files are labeled on a "need to know" basis. Superintendent and medical staff interviews verified the procedures. There was one youth who reported prior sexual victimization during intake. Interviews with medical staff confirmed that services would be provided, if requested by a youth.

**Provision (b):**

If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, 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?

PREA Guidelines states that if the screening for abusiveness and victimization indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health provider.

**Provision (c):**

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?

The Agency's PREA Guidelines states that if the screening for abusiveness and victimization indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health provider. The follow-up shall be completed within 14 days. All confidential data and files are labeled on a "need to know" basis. Superintendent and medical staff interviews verified the procedures.

**Provision (d):**

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?

PREA Guidelines states that 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. Interviews with medical staff confirmed that services would be provided, if requested by a youth.

## **Standard 115.382: Access to emergency medical and mental health services**

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

### **115.382 (a)**

- 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  No

### **115.382 (b)**

- 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  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### **115.382 (c)**

- 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  No

### **115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed:

CCJCM/FCD Detention Protocol 445-03-DT, Sexual Abuse and Assault  
JCJDC PAQ

### Interview:

Superintendent  
Random Staff  
Medical Providers  
Random Residents

### Provision (a) and (b):

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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b): 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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The CCJCM/FCD Detention Protocol 445-03-DT states that any youth alleging victimization are transported to Children's Mercy Hospital where SANE services are available. Acute trauma care shall be provided by the SANE program including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, prophylaxis and testing for Sexually Transmitted Diseases. The policy states that victims shall be provided trauma assessment, crisis intervention, safety planning and address treatment needs. A contracted Mental Health Specialist shall see the youth victim, as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e., psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Youth are informed during their intake orientation that all such services will be provided without financial costs (also written in the PREA information the youth receive). Medical staff and the Superintendent staff verified the procedures. Medical and Mental Health Care provides that a resident who indicates during initial screening that they were a victim or perpetrator of sexual abuse shall be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. Youth are informed during their intake orientation that all such services will be provided without financial costs

(also written in the PREA information the youth receive). Medical staff and the Superintendent staff verified the procedures. This information was also confirmed through the interview with the PREA Compliance Manager, Medical providers and SANE/SAFE representatives.

**Provision (c):**

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the resident files maintained in a secure manner. The Facility has a list of individuals that have access to them.

**Provision (d):**

Medical and mental health practitioners shall 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.

The Policy provides that medical and mental health practitioners shall 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. The facility has created the Informed Consent form to document this type of situation.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.383 (a)**

- 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  No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.383 (c)**

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

**115.383 (d)**

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

**115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.383 (f)**

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

**115.383 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

**115.383 (h)**

- 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  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-DT, Sexual Abuse and Assault

St. Louis County Family Court

JCJDC PAQ

Vulnerability Assessment: Risk of Victimization and/or Sexual Aggressiveness

**Interviews:**

Medical Staff

Mental Health Staff

Superintendent

**Provision (a):**

The facility shall 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.

Policy 445-03-DT states that a contracted Mental Health Specialist shall see the youth victim as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e., psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Testing for Sexually Transmitted Diseases is provided, as medically appropriate.

The Superintendent stated that the youth would be transferred to Children's Mercy Hospital and the Mental Health Specialist shall see the youth victim as soon as possible for assessment and crisis intervention, as appropriate.

**Provision (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 with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The Policy states that follow-up services will be provided.

**Provision (c):**

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

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care. Youth are informed during their intake orientation that all such services will be provided without financial costs (also written in the PREA information each youth receive). Treatment can be provided to youth-on-youth abusers. Medical staff and the Superintendent verified the policy and procedures.

**Provision (d):**

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Interview with Medical providers and PCM confirmed that resident victims of sexually abusive vaginal penetration while incarcerated at JCJDC would be offered pregnancy tests. The Agency Policy states that the Mental Health Specialist shall see the youth victim as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health

Specialist shall develop a short-term trauma plan (i.e., psychiatric care, medication, mental health counseling, etc.) and an ongoing counseling plan as needed. Testing for Sexually Transmitted Diseases is provided, as medically appropriate.

**Provision (e):**

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Youth are informed during their intake orientation that all such services identified in section (d) will be provided timely and without financial costs (also written in the PREA information each youth receive).

**Provision (f):**

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.

**Provision (g):**

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

All treatment services will be provided at no cost to the victim, according to Policy and staff interviews.

**Provision (h):**

The facility shall 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.

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. The Counselor's interview supported the Policy.

**Conclusion:** Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

### 115.386 (a)

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

### 115.386 (b)

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

### 115.386 (c)

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

### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

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

### Auditor Overall Compliance Determination

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

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

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

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

#### **Documents Reviewed:**

CCJCM/FCD Policy and Procedures Investigations  
Critical Incident Review Forms

#### **Interviews:**

Superintendent  
Incident Review Team Member

#### **Provision (a):**

The facility shall 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.

CCJCM/FCD Policy and Procedures Investigations requires the facility to 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 deemed to be unfounded. Policy 445-03-DT states that all substantiated and unsubstantiated staff sexual misconduct and youth sexual abuse incidents shall conclude with a Sexual Abuse Review completed and coordinated by the PCM. The Facility review process considers whether any changes in the policy or practice are needed; whether race, ethnicity, sexual orientation, gender identity, gang affiliation or youth culture in the facility played a role; if there are any physical barriers in the facility; staffing levels, and video monitoring needs. The review shall occur within 30 days of the conclusion of the investigation. The PCM stated the Superintendent, facility nurse, counselors and the event supervisors will be part of the post-investigation review. The PCM shall prepare a report of the findings to include recommendations for improvement. The report shall be submitted to the Agency PREA Coordinator. The Superintendent may implement the recommendations for improvement or shall document the reasons for not doing so. In that there were no substantiated or unsubstantiated findings that required a review, there were none completed in the previous twelve months.

#### **Provision (b):**

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The PCM stated that a report of review findings would be completed within 30 days of the outcome of an Administrative or Criminal Investigation. Although there has not been an allegation of sexual abuse, the DJS and Superintendent confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

#### **Provision (c):**

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Policy identifies the incident review team members as administrators with input from line supervisors, medical staff, and Counselors. The interview with the Superintendent confirmed the Policy requirements.

**Provision (d):**

The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Superintendent, review of Policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing. The Policy requires the meeting to be documented, including recommendations and the document provided to the Superintendent. The interview with the PCM and Incident Review Team Member confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. They confirmed the team would consider all factors required by the standard. A sexual abuse incident review has not been conducted during this audit period.

**Provision (e):**

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The Policy states the administration shall implement the recommendations for improvement, or shall document its reasons for not doing so. The Superintendent is familiar with this Policy requirement. The form, Alleged Sexual Abuse & Sexual Assault Post-Incident Review, has been developed for documenting the incident review team meeting and it allows for documentation of the considerations of the standard. Additionally, the form provides for recommendations for improvement by the team members. There were no allegations of sexual abuse in the past 12 months.

**Conclusion:**

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

## **Standard 115.387: Data collection**

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



**115.387 (a)**

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

**115.387 (b)**

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

**115.387 (c)**

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

**115.387 (d)**

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

**115.387 (e)**

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

**115.387 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-DT  
Missouri Department of Social Services Data Collection Form  
Critical Incident Review Form  
PREA Data (Annual Report)  
PREA Pre-Audit Questionnaire

**Interviews:**

DRS  
Agency PREA Coordinator  
Superintendent

**Provisions (a) & (c):**

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Policy requires the use of a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. Procedure dictates that any incident report that alleges staff sexual misconduct, juvenile sexual misconduct or youth sexual abuse in Family Court Services facilities shall be collected by the Agency PREA Coordinator. The Agency PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the State of Missouri who then compiles all statewide data and submits to Federal Bureau of Justice as required by the Department of Justice. There shall be a survey for collecting data by the State of Missouri regarding sexual contact prevention. This procedure was verified by the PCM. A review of the PREA Data document demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice. The agency utilizes a survey for collecting data by the State of Missouri regarding sexual contact prevention.

**Provision (b):**

The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. JCJDC Procedures dictates that any incident report that alleges staff sexual misconduct, juvenile sexual misconduct or youth sexual abuse in Court Services facilities shall be collected by the Superintendent, who is also the Agency PREA Coordinator. The Superintendent shall be responsible for compiling records and annually reporting statistical data to the State of Missouri who then compiles all statewide data and submits to Federal Bureau of Justice as required by the Department of Justice. The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

**Provision (d):**

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified data and related documents regarding PREA. The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and

sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

**Provision (e):**

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

JCJDC does not contract with outside facilities for confinement of its residents.

**Provision (f):**

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Policy states that upon request, JCJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.

**Conclusion:**

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data collection.

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

- 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  No
- 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  No
- 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  No

#### 115.388 (b)

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

### 115.388 (c)

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

### 115.388 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol 445-03-DT  
Missouri Department of Social Services Data Collection Form  
PREA Data (Annual Report)

#### Interviews:

Superintendent  
PREA Coordinator

The facility has conducted the 2017 annual report and it is posted on the State of Missouri Department of Juvenile Justice Website. The agency shall prepare an annual report of any findings with corrective actions for each facility, as well as the agency as a whole. The report includes a comparison of the current year's data. The Policy requires the review of data collected and aggregated in order to improve the PREA efforts. The interviews revealed the collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related initiatives by identifying problem areas; developing and implementing corrective actions where needed; and preparing an annual report based on the collected data. The interviews supported the provisions of the Policy and the standard. The Policy also indicates an annual report will be prepared that will provide information regarding the facility's corrective actions in addressing sexual abuse.

The annual report is approved as required by Policy, per the interviews and a review of the report by the Auditor, the annual report reflects a comparison of the results of annual data, by calendar year. The

annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.

**Conclusion:**

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data review for corrective action.

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

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

#### 115.389 (c)

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

#### 115.389 (d)

- 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  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

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

**Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-DT  
PREA: Data Collection, Review and Storage  
Annual Report

**Interviews:**

DRS  
Superintendent  
PCM

The agency meets the requirements of this standard. State of Missouri has a public website that features all federal PREA reports, PREA brochures, and information regarding PREA. The Agency Policy provides that all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless State or local statutes require otherwise. According to the facility Policy, the aggregated sexual abuse data will be readily available to the public through the agency’s website; the practice is that the report is posted on the agency’s website. A review of the annual report verified there are no personal identifiers and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.

**Conclusion:**

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

- During the 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  No

**115.401 (b)**

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  Yes  No
- 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.)  Yes  No  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.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed:

CCJCM/FCD Detention Protocol 445-03-DT  
Annual Report  
Circuit Court of Jackson County Policy and Procedures

#### Interviews:

DRS  
Superintendent  
PCM

PREA audits for the facility have been conducted as required for the initial three-year period. The facility, in conjunction with the Missouri Department of Youth Services, has embarked on fulfilling the auditing requirements for this second three-year period. The facility has provided the Auditor with the required documentation which have maintained as required by the standards and the auditing process.

A comprehensive site review was provided to the Auditor during the site visit and additional documentation was reviewed during the site visit. The staff members were cooperative in providing additional documentation as requested. The Superintendent provided appropriate work spaces which included conditions for conducting interviews in private with the residents and staff.

The posted notices regarding the audit were observed throughout the facility, accessible to residents; staff; visitors; contractors; and volunteers. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. No correspondence was received by the Auditor.

Standard 115.40a: Frequency and scope of audits states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. All final reports are posted on the agency website. During this audit, the Auditor had access to previous audits, and had the ability to observe all areas of the audited facility. The Auditor received copies of any relevant documents (including electronically-stored information) requested and was able to conduct private interviews with staff and residents. A review of documentation and interviews with the Director of Residential Services, The Superintendent and the PREA Manager, supports the finding that this facility is in compliance with this standard.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

### **Documents Reviewed:**

CCJCM/FCD Detention Protocol 445-03-DT  
Annual Report  
Circuit Court of Jackson County Policy and Procedures

### **Interviews:**

DRS  
Superintendent  
PCM

This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff, residents, contractors and a volunteer; and observations.

The agency has published on its agency website and has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years starting January 2015 through December 2018. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Dwight L. Fondren, CCE

February 11, 2019

**Auditor Signature**

**Date**

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

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