

PREA Facility Audit Report: Final

Name of Facility: St. Francois County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/28/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 05/28/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	lateradavis@djj.state.ga.us
Start Date of On-Site Audit:	04/11/2022
End Date of On-Site Audit:	04/11/2022

FACILITY INFORMATION	
Facility name:	St. Francois County Juvenile Detention Center
Facility physical address:	1140 Old Jackson , Farmington, Missouri - 63640
Facility mailing address:	

Primary Contact	
Name:	Erika Jones
Email Address:	erika.danielle.jones@courts.mo.gov
Telephone Number:	573-454-2496

Superintendent/Director/Administrator	
Name:	Erika Jones
Email Address:	erika.danielle.jones@courts.mo.gov
Telephone Number:	573-454-2496

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

Facility Health Service Administrator On-Site	
Name:	Donna Waln
Email Address:	donnalwaln@gmail.com
Telephone Number:	573-454-2496

Facility Characteristics	
Designed facility capacity:	11
Current population of facility:	4
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	24th Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	1 North Washington Street, Farmington, Missouri - 63640
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Erika Jones	Email Address:	Erika.Danielle.Jones@courts.mo.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-11
2. End date of the onsite portion of the audit:	2022-04-11

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention (4/8/22) Local Child Advocacy Center (4/11/22)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	11
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Due to the number of residents all residents were interviewed.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	15
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Due to the number of residents at the facility, all were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only 11 residents at the facility, which is the maximum capacity of the facility.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>None reported by the facility or identified in the client record.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>None reported by the facility or identified in the client record.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>None reported by the facility or identified in the client record.</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	None reported by the facility or identified in the client record.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	None reported by the facility or identified in the client record.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	None reported by the facility or identified in the client record.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	None reported by the facility or identified in the client record.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	11
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All of the staff who were scheduled for work at all shifts were interviewed during the onsite portion of the audit.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	30
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	All random staff are also considered first responder.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor randomly selected client files over the last 12 months for documentation review.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero reported allegations of sexual abuse.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were zero reported allegations of sexual abuse and sexual harassment in the last 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were zero reported allegations of sexual abuse and sexual harassment in the last 12 months.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Management & Communications Group, LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 329 884 640" style="list-style-type: none"> <li data-bbox="244 329 884 356">1. Documents: (Policies, directives, forms, files, records, etc.): <ol data-bbox="244 385 735 526" style="list-style-type: none"> <li data-bbox="244 385 603 412">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 441 735 468">b. Policy: Prison Rape Elimination Act (PREA) <ol data-bbox="244 497 502 526" style="list-style-type: none"> <li data-bbox="244 497 502 526">a. Organizational Chart <li data-bbox="244 555 400 582">2. Interviews: <ol data-bbox="244 611 480 640" style="list-style-type: none"> <li data-bbox="244 611 480 640">a. PREA Coordinator <p data-bbox="244 672 483 701">Findings (By Provision):</p> <p data-bbox="244 730 365 759">115.311 (a).</p> <p data-bbox="244 788 1453 916">PAQ: As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p data-bbox="244 945 1474 1005">The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="244 1034 1485 1198">Policy: The Prison Rape Elimination Act policy states that, "The St. Francois County Juvenile Detention Center (SFCJDC) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within SFCJDC. This policy provides our approach to preventing, detecting, and responding to such conduct, within SFCJDC" (p. 1).</p> <p data-bbox="244 1227 1460 1355">The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. In addition, to sanctions for those that have participated in prohibited behaviors.</p> <p data-bbox="244 1384 1449 1512">It is the mission of the St. Francois County Juvenile Detention Center is to provide secure custody, supervision and protection for those youth who are deemed to be a threat to the community and/or whose confinement is necessary to ensure their presence at a hearing. It is our goal to accomplish this mandate in a safe environment while providing for the youth's physical, educational, emotional, social and religious needs.</p> <p data-bbox="244 1541 1471 1601">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1630 1485 1758">115.311 (b). The facility employs an upper level, agency wide PREA coordinator, Erika Jones, Detention Superintendent. According to the agency organizational chart, the agency PREA coordinator reports to the Chief Juvenile Officer. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The facility organizational chart provides information on the PREA Coordinator.</p> <p data-bbox="244 1787 502 1816">Documentation Reviewed</p> <p data-bbox="244 1845 517 1874">Agency Organization Chart</p> <p data-bbox="244 1904 347 1933">Interviews</p> <p data-bbox="244 1962 1445 2022">PREA Coordinator: The interviewed PREA coordinator reported that she has adequate time to manage all PREA related duties. The site only has one facility therefore does not manage any PREA compliance manager.</p> <p data-bbox="244 2051 1471 2112">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.311 (c). According to the PAQ, the facility does not have a designated PREA compliance manager.

Corrective Action and Conclusion:

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.): <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Contracts 2. Interviews: <ol style="list-style-type: none"> a. Agency Contract Administrator <p>Findings (By Provision):</p> <p>115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA standards.</p> <p>The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 0</p> <p>The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0</p> <p>115.312 (b). N/A the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit.</p> <p>On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: 0</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.): <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) a. Policy: Prison Rape Elimination Act b. Average Daily Population (3-year report) c. Annual Staffing Plan (12-22-2021) d. Unannounced Rounds Log (16) e. Post Onsite Unannounced Rounds (3) f. Educators Safety and Security Training for Teachers (2) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. PREA Coordinator c. Intermediate or higher-level staff <p>Findings (By Provision):</p> <p>115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.</p> <p>Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall ensure that its residential staffing and monitoring plans comply with section 3.3 and 3.4 of this Operational Manual which meets those requirements established in the PREA standard 115.313 which states that the facility shall maintain staff ratios of a minimum of 1: 8 during resident waking hours and 1: 16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Additionally, as part of the SFCJDC Staffing Plan, SFCJDC will always have at least 2 staff members on each shift and will always attempt to have a staff member of each gender on the shift, as well" (pp. 2-3).</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 4.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 4.</p> <p>Onsite Observation: During the onsite audit phase, the auditor observed that residents did not have direct care supervision while in the education area. The auditor explained to the facility leadership that the requirements under this standard, for 1:8 and 1:16 is direct supervision. Meaning that the staff must be in direct contact, and the camera monitoring (control room) does not replace direct care supervision. The facility immediately adjusted while the auditor was onsite.</p> <p>Corrective Action: During the post audit phase, the teachers were trained consistent with the direct care staff on safety and security so they would be included in the staffing ratios.</p> <p>Documentation Reviewed</p> <p>Average Daily Population Report (May 6, 2019-January 11, 2022)</p> <p>Educators: Safety and Security Training for Teachers</p> <p>Interviews</p> <p>Superintendent: The interviewed superintendent reported that the facility complies with the PREA ratios of 1:8 direct care staff during waking hours and 1:16 during the nightshift. There is a minimum of 2 direct care staff per shift. The detention capacity is 11 youth. The staff plan and evaluation is also located in the policy. The staffing plan assesses all of the required</p>

elements identified in the PREA standard. I will check for compliance by reviewing the schedule/logbook and review of video cameras if needed.

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

115.313 (b). According to the PAQ the facility has not deviated from the staffing plan. The facility operates a staffing plan that meets the PREA ratio standards. The current staffing ratios for the facility is 1:6 through the waking hours and 1:8 during sleeping hours.

Documentation Reviewed

Staffing Plan Annual Evaluation (2021)

Interviews

Superintendent: The interviewed superintendent reported that the facility does not deviate from the minimum two direct care staff per shift. If it did happen, we would document noncompliance and explain why the noncompliance occurred.

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

115.313 (c). According to the PAQ, the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Interviews

Superintendent: The interviewed superintendent reported that they are obligated by the PREA standards to meet the 1:8 and 16 ratios.

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

115.313 (d). As reported in the PAQ, at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy: The Prison Rape Elimination Act policy states that "Whenever necessary, but no less frequently than once a year, the SFCJDC administration will consult with the PREA coordinator to assess, determine, and document whether adjustments are needed to the 1) existing staffing plan 2) the prevailing staffing patterns 3) video monitoring and other monitoring technologies 4) resources the facility has available to commit to ensure adherence to the staffing plan" (p. 3).

Documentation Reviewed

Staffing Plan Annual Evaluation (2021)

Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that they are consulted regarding any assessments, adjustments to the staffing plan. The PREA Coordinator is also the facility superintendent. Assessments are completed on a yearly basis.

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

115.313 (e). As reported in the PAQ, the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. It was further reported that the unannounced rounds covered all shifts.

Policy: The Prison Rape Elimination Act policy states that "Intermediate-level or higher-level supervisors will conduct periodic and random unannounced rounds to identify and deter any potential staff or juvenile sexual abuse or sexual harassment that

may occur. These unannounced visits shall occur on all three shifts. These visits will be documented and kept by the Detention Superintendent. No staff is to alert other staff members that these visits are occurring unless such announcement is related to the legitimate operational functions of the facility" (p. 3).

The auditor reviewed a log of 16 unannounced rounds logs that (Unannounced Program Visits) showed the practice in which the facility conducts unannounced rounds. In summary, the form provides information on the following:

- Who conducted the rounds?
- Observation of youth, staff, physical plant, blind spots, interactions and boundaries.

Documentation Reviewed

Unannounced Program Visit (16)

Memo: Unannounced Rounds

Interviews

Intermediate or Higher-Level Staff: The interviewed staff reported that unannounced rounds are conducted. The rounds are documented on the rounds log and saved on the superintendent desktop. Staff are not informed of the unannounced rounds. The superintendent will do a surprise show up. At this time the facility does not use radios and all staff and residents are housed in the same area.

Recommendation: The auditor recommended and requested additional unannounced rounds that occurred during the night shift. During the post audit phase, the facility director conducted three unannounced rounds. Two of the rounds occurred after midnight.

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

Corrective Action and Conclusion:

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Policy: Announce Presence d. Limits to Cros Gender Training Log (2021)-14 e. Training Curriculum (Cross Gender Pat Down DVD https://vimeo.com/183649668) f. Addendum: Prison Rape Elimination Act policy 2. Interviews: <ol style="list-style-type: none"> a. Random sample of staff -11 b. Random sample of residents - 11 <p>Findings (By Provision):</p> <p>115.315 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. In the past 12 months, number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0.</p> <p>Policy: The Prison Rape Elimination Act policy states that:</p> <p>SFCJDC shall ensure that cross-gender viewing and searches comply with section 11.1 of this Operational Manual which meets those requirements established in the PREA standard 115.315.</p> <p>It is the policy and practice of this facility that the visual search of the juvenile conducted as part of the intake process is done only by a same gender staff member. That staff member will position themselves in such a way that the shower door is mostly closed so that the juvenile cannot be seen by other parties (other juveniles are not in the dayroom as well), and the staff member can be seen by other staff members and the video surveillance system. After the visual search is completed, the juvenile is to shower in private with the shower door closed and locked (pp. 3-4)</p> <p>115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months, the number of cross-gender pat-down searches of residents: 0. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0.</p> <p>Policy: The Prison Rape Elimination Act policy states that "Pat-Down Searches are always to be done by same gender staff, unless an emergency situation prevents this from occurring (in the rare instance that there is not a male / female staff member on duty, contact an off duty detention staff or field DJO staff member to come into the facility to do the pat down search). If a true emergency exists and there is not a same gender staff member on duty, the staff member doing the cross-gender pat down search will always use the backs of their hands while patting down the juvenile. There will always need to be another staff member present to witness the pat down search. The search also needs to be done in the open where the video monitoring system records the search. The cross-gender pat down search is to be documented in the daily log and in a summary, report given to the Detention Superintendent explaining the circumstances and the justification for the cross-gender pat down search" (pp. 3-4).</p> <p>Interviews</p> <p>Random Sample of Staff: The interviewed staff reported all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation</p> <p>Random Sample of Residents: The interviewed residents reported that opposite gender staff have never performed a pat</p>

down search of their body.

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

115.315 (c). The facility indicated in their response to the PAQ that the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Policy: The Prison Rape Elimination Act policy states that "Under NO circumstances shall there ever be a cross-gender strip search or a cross-gender visual body cavity search performed by SFCJDC staff. Note: If a visual body cavity search is ever to be done at this facility, it will be performed by a medical practitioner under very specific conditions". It is the policy and practice of this facility that the visual search of the juvenile conducted as part of the intake process is done only by a same gender staff member. That staff member will position themselves in such a way that the shower door is mostly closed so that the juvenile cannot be seen by other parties (other juveniles are not in the dayroom as well), and the staff member can be seen by other staff members and the video surveillance system. After the visual search is completed, the juvenile is to shower in private with the shower door closed and locked (p. 4)

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

115.315 (d). As indicated in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, along with policies and procedures that advise staff.

Policy: The Prison Rape Elimination Act states that "It is the policy and practice of this facility that during the intake process each juvenile being admitted into the facility is given a paper curtain with tape that they can put over the window of their door to give them privacy when they are using the toilet or changing clothing. Each juvenile is to be instructed the proper use of the paper curtain. Each juvenile entering this facility is assigned a room that they do not share with any other juvenile. It is the practice and policy of this facility that each juvenile is to shower daily. There are two separate and individual shower rooms in the facility. When it is the juvenile's turn to take a shower, there will be no other juvenile's or staff in the individual shower room with that juvenile (p. 4).

An addendum to the policy was done on 1/21/2022 which states that "we have one open dayroom (no additional housing areas to separate youth). It is the policy and practice of this facility that the visual search of the juvenile conducted as part of the intake process is done only by a same gender staff member. With the exception of the visual search, non-medical staff do not enter a youth's room or shower area when a youth is occupying the room/shower, except in cases of extreme emergencies where the youth's safety is in jeopardy. In such cases, staff of the opposite gender will announce their presence when entering a room or shower area where residents are likely to be showering, performing bodily functions or changing clothing" (p. 17).

Policy Announce Presence states that "SFCJDC residents will shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental to routine cell checks".

Onsite Inspection: During the onsite inspection, the auditor observed that the residents are able to dress, shower, and toilet without direct visual by any staff. The cameras in the room do not have a line of site near the toilet area. All residents shower alone, and they have curtains they can put on window when dressing or using the toilet. The general camera has a visual on the shower door therefore the control room can see if anyone goes into the restroom.

Interviews

Random Sample of Staff: The interviewed staff were not consistent in their response to whether or not they announce themselves when entering the area. Some staff reported that they make the announcement during shift change, and some staff reported that they do not make announcements; however, when make an announcement when going up to their door in the event they are changing clothes. It was further reported that the staff only enter the rooms in the case of an emergency. All of the staff reported that residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. It was further reported that the residents can put up a temporary curtain when privacy is needed. All residents shower to themselves.

Random Sample of Residents: Approximately half of the residents reported that staff announce their presence when entering the housing area of any area when they shower, change clothes, or perform bodily functions. All of the residents reported that they are never in naked in full view of male/female staff.

Recommendation: While the facility only has one large area where the residents are housed and where showers occur, it is recommended the facility put up signage to remind the residents that opposite gender staff are on duty at all times.

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

115.315 (e.) Per the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Such searches (described in 115.315(e)-1) occurred in the past 12 months: 0.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC staff members 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 by asking the juvenile's DJO, CD caseworker, or the parent/guardian. If because of some unique circumstances and the previous persons listed are not available, the information may be gleaned during a conversation 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" (p. 4).

Interviews

Random Sample of Staff: The interviewed staff reported the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

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

115.315 (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.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC staff will be trained on 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. This will be accomplished by staff watching the Cross-gender and Transgender Pat Searches video from the PREA Resource Center. Staff will then sign on the training log that they have viewed the video" (p. 4).

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100.

Documentation Reviewed

Limits to Cros Gender Training Log (2021)-14

Training Curriculum (Cross Gender Pat Down DVD <https://vimeo.com/183649668>)

Interviews

Random Sample of Staff: The interviewed staff reported that they receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Staff reported that they watch a video on it every year.

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

Corrective Action and Conclusion:

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

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Policy and Procedure Annual Review (2021)-14 d. PREA Policy Video Annual Review (2021)-14 e. A Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment Brochure f. PREA Poster/Updated PREA Poster g. Safety 1st PREA Booklet h. PREA Pamphlet (English) i. Spanish Youth Handbook j. Interpreter Information k. Foreign Language Certified Court Interpreters (2021) l. Memo: Limited English and Disability 2. Interviews: <ol style="list-style-type: none"> a. Agency Head or Designee b. Random sample of staff -11 c. Cognitive Disabled Residents - 1 <p>Findings (By Provision):</p> <p>115.316 (a). As reported in the PAQ, the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Policy: SFCJDC shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment" (pp. 4-5).</p> <p>Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agencies zero tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material. In the event that staff are in need of limited English services, it is expected that they will complete a request form to attain services. In addition, the facility has readily accessible PREA flyers and resident handbook information in Spanish and English. The facility has multiple interpreter services to attain the necessary services for the residents.</p> <p>Documentation Reviewed</p> <p>Policy and Procedure Annual Review (2021)-14</p> <p>PREA Policy Video Annual Review (2021)-14</p> <p>A Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment Brochure</p> <p>PREA Poster</p>

PREA Pamphlet

Interpreter Information

Interviews

Agency Head: The interviewed agency head reported that the agency has an established procedure to ensure residents with disabilities and residents who are limited English proficient are provided equal opportunity to participate or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. We utilize Easy to Understand PREA education material as part of the intake process. We have zero tolerance posters up. We would read the material to youth who have disabilities. We can contact the State of Missouri for a contracted interpreter. We have available Spanish versions of the pamphlet.

Residents with Disabilities or Limited English Speaking: The interviewed resident reported that the facility provided them information about sexual abuse and sexual harassment in a manner in which they could understand. The information was provided via a pamphlet and staff read the information to them. The resident further reported that they understood the material and did not need assistance. The information was immediately provided to the resident by the staff.

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

115.316 (b). As reported in the PAQ, the facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy: The Prison Rape Elimination Act policy states that "We will utilize our existing PREA education materials (Your Rights: A Guide to Preventing and Reporting Sexual Harassment as part of the intake; Zero Tolerance posters; the counselor's materials; Safety First; Spanish version of PREA pamphlet) for the youth to the extent possible. We will read the materials to the youth that have intellectual, academic or visual impairment. If a youth is deaf, we can contact the State of Missouri for a contracted interpreter. If the youth does not speak English, we can utilize bilingual (Spanish) staff or a contracted interpreter through the State of Missouri. We also have available Spanish versions of the PREA pamphlet, the youth rule book and Safety First. If there is an incident, or suspected incident, of sexual harassment or assault, staff will assist any special needs youth to whatever extent necessary during the entire process" (p. 5).

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agencies zero tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.

Memo: SFCJDC will utilize our existing PREA education materials (Your Rights: A Guide to Preventing and Reporting Sexual Harassment as part of the intake; Zero Tolerance posters; the counselor's materials - Safety First; PREA pamphlet; and the Youth Rule Book) for the youth to the extent possible. We will read the materials to the youth that have intellectual, academic, or visual impairment. If a youth is deaf, we can contact the State of Missouri for a contracted interpreter. If the youth does not speak English, we can utilize bilingual (Spanish) staff or a contracted interpreter through the State of Missouri. We also have available Spanish versions of the PREA pamphlet, the Youth Rule Book, and Safety First. If there is an incident, or suspected incident, of sexual harassment or assault, staff will assist any limited English and any special needs youth to whatever extent necessary during the entire process. SFCJDC will provide PREA education to residents who are limited English proficient by: For Spanish speaking residents, staff will utilize the Spanish version of our PREA Pamphlet, the Youth Rule Book, and Safety First. Staff will utilize bilingual (Spanish) staff if possible.

Staff will utilize a contracted interpreter through the State of Missouri for other languages and for further needs of Spanish speaking residents. SFCJDC will provide PREA education to residents who are deaf by: Staff will allow the youth to read the materials. Staff will allow the youth to write down any questions and will respond with written answers. Staff will utilize a contracted interpreter through the State of Missouri if needed. SFCJDC will provide PREA education to residents who are visually impaired by: Staff will read the materials to the resident and explain the material in further detail if the resident has difficulty with comprehension. SFCJDC will provide PREA education to residents who are otherwise disabled by: Staff will read the materials to the resident and explain the material in further detail if the resident has difficulty with comprehension. Staff will accommodate any disabilities to assist with comprehension to whatever extent necessary. SFCJDC will provide PREA education to residents who have limited reading skills by: Staff will read the materials to the resident and explain the material in further detail if the resident has difficulty with comprehension

Documentation Reviewed

Policy and Procedure Annual Review (2021)-14

A Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment Brochure

PREA Poster

Safety 1st PREA Booklet

PREA Pamphlet

Interpreter Information

Court Interpreters 2021

Spanish Youth Handbook

Memo: Limited English and Disability

Interviews

Residents with Disabilities or Limited English Speaking: Residents with Disabilities or Limited English Speaking: The interviewed resident reported that the facility provided them information about sexual abuse and sexual harassment in a manner in which they could understand. The information was provided via a pamphlet and staff read the information to them. The resident further reported that they understood the material and did not need assistance. The information was immediately provided to the resident by the staff.

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

115.316 (c). As reported in the PAQ, Agency policy prohibits use of 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.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall not rely on youth interpreters, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety" (p. 5).

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0.

Interviews

Random Sample of Staff: The interviewed random sample of staff reported that they are not aware of the agency ever allowing the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Several staff reported that they would get an interpreter if one was needed.

Residents with Disabilities or Limited English Speaking: Residents with Disabilities or Limited English Speaking: The interviewed resident reported that the facility provided them information about sexual abuse and sexual harassment in a manner in which they could understand. The information was provided via a pamphlet and staff read the information to them. The resident further reported that they understood the material and did not need assistance. The information was immediately provided to the resident by the staff.

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

Corrective Action and Conclusion:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Policy: Employment Background Checks; Employee to Inform Employer of Arrests and Convictions d. Background Checks of Staff Hired in the Past 12 months (6) e. 5-year Background Check (6) f. Records of background checks of contractors who might have contact with residents (5) g. Background Checks of Employees-5 year (6) h. PREA Applicant Questionnaire 2. Interviews: <p>Administrative (Human Resources)</p> <p>Findings (By Provision):</p> <p>115.317 (a). As reported in the PAQ, the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. <p>Policy: Prison Rape Elimination Act states that "SFCJDC shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who:</p> <p>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).</p> <p>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</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The Personnel Files for 6 employees hired in the last 12 months was reviewed.</p> <p>Corrective Action: It was determined that the facility did not have a practice in place to pre-employment ask questions about the above referenced. During the post onsite audit phase, the facility created a document to ask pre-employment applicant questions.</p> <p>Documentation Reviewed</p> <p>Personnel Files (Background Checks)-6</p> <p>Pre-Employment Applicant Questions</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.317 (b). As reported in the PAQ, the facility, has a policy that requires the consideration of any incidents of sexual</p>

harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

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

Interviews

Administrative (Human Resources): The interviewed human resources staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist in the services of any contractor, who may have contact with residents.

115.317 (c). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policy: The Prison Rape Elimination Act policy states that "before hiring new employees who may have contact with youth, the division shall adhere to section 3.2 of this Operational Manual" (p. 5). Policy Employment Background Checks: Employee to Inform Employer of Arrests and Convictions provides further guidance on the background investigation process along with employee, volunteer, and contractors responsibility to report any arrests or convictions" (p. 1).

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 6.

Upon review of the background checks it is determined that the checks incorporate the above-mentioned requirements.

New hire (14) and 5-year (6) background checks were reviewed. The facility is in compliance with conducting the background checks. The background checks include local, state, federal, and child abuse register checks.

Documentation Reviewed

Personnel Files (Background Checks)-6

Interviews

Administrative (Human Resources): The interviewed human resources staff reported that the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may contact residents and all employees, who may have contact with residents, who are being considered for promotions. Before hiring new employees or contractors who may have contact with residents, the facility consults with any child abuse registry maintained by the state or locality in which a potential employee/contractor would work.

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

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

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor or volunteer who may have any interaction with youth" (p. 5). The policy further states that ". SFCJDC requires any employee, contractor or volunteer to notify the Detention Superintendent immediately of any arrest or conviction of any criminal act per section 3.2 of the Operational Manual" (p. 5).

According to the PAQ, in the past 12 months there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who may have contact with residents. While the contracted staff provide housekeeping services, the facility conducted criminal background checks consistent with direct care staff.

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 5.

Documentation Reviewed

Records of background checks of contractors who might have contact with residents (5)

Interviews

Administrative (Human Resources): The interviewed human resources staff reported that the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may contact residents and all employees, who may have contact with residents, who are being considered for promotions.

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

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

Policy: The Prison Rape Elimination Act policy states that "SFCJDC requires background checks to be conducted at least every 5 years of employees, volunteers, and contracted staff" (p. 6).

The auditor reviewed 5-year background checks that were completed on 5 employees in the last 12 months.

Documentation Reviewed

5-year background checks (5)

Interviews

Administrative (Human Resources): The interviewed staff reported that the system used to conduct criminal background checks is that we send criminal record requests to Farmington Policy Department who runs a MULES check. They are completed every five years.

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

115. 317 (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.

Policy: The Prison Rape Elimination Action Policy states that "SFCJDC shall ask prospective employees and SFCJDC promotional candidates about previous misconduct described in paragraph (a) of this section" (p. 6).

Documentation Reviewed

Personnel Files (Background Checks)-6

Interviews

Administrative (Human Resources): The interviewed staff reported that the facility asks all applicants and employees about previous misconduct. In addition, the facility imposes a continuing affirmative duty to disclose any such previous misconduct.

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

115.317 (g). According the to the PAQ, the agency's policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination.

Policy: The Prison Rape Elimination Act policy states that "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination" (p. 6).

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

115.317 (h). The Prison Rape Elimination Act policy states that "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" (p. 6).

Interviews

Administrative (Human Resources): The interviewed staff reported that when a former employee applies for work at another

institution, upon request from that institution, the agency can confirm whether or not the former employee as any substantiated allegations of sexual abuse or sexual harassment involving the former employee.

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

Corrective Action and Conclusion:

Corrective Action: It was determined that the facility did not have a practice in place to pre-employment ask questions about the above referenced. During the post onsite audit phase, the facility created a document to ask pre-employment applicant questions.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Superintendent <p>Findings (By Provision):</p> <p>115.318 (a). N/A-The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit. When conducting the onsite inspection of the facility; the auditor observed that the facility is older and does not appear to have had any modifications or expansions.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when designing acquiring, or planning substantial modification to facilities, the agency considers the effects of such changes on the ability to protect residents from sexual abuse. The current system is an open bay room. We have a lot of cameras, but we are looking in the future to update camera technology and continue to ensure that there are not blind spots.</p> <p>Superintendent or Designee: The interviewed superintendent reported that there have not been any substantial modifications or expansions to the facility since August 20, 2012, or the last PREA audit.</p> <p>115.318 (b). N/A-The facility reported in the PAQ that they have not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit. However, after further discussion it was determined that the video monitoring system was upgraded several years ago, prior to the current administration.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that when designing acquiring, or planning substantial modification to facilities, the agency considers the effects of such changes on the ability to protect residents from sexual abuse. The current system is an open bay room. We have a lot of cameras, but we are looking in the future to update camera technology and continue to ensure that there are not blind spots.</p> <p>Superintendent or Designee: The interviewed Superintendent reported that the site has an excellent camera coverage with no blind spots in the dayroom. Recorded video and audio can be reviewed if needed. We will ensure that we continue to have camera coverage and plan to improve surveillance with updated cameras to better resolution.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 331 829 985" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Memo: DYS External Investigative Agency d. MOU-Child Advocacy Center of East Central Missouri e. Provider Resume f. Provider License Verification g. MOU-Police Department h. Child Abuse and Neglect Hotline 2. Interviews: <ol style="list-style-type: none"> a. Random sample of staff – 11 b. Advocacy Center <p data-bbox="244 1016 483 1043">Findings (By Provision):</p> <p data-bbox="244 1075 1473 1169">115.321 (a). N/A-The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations. It was further reported that the allegations would be investigated by the Missouri Department of Social Services or Farmington Police Department.</p> <p data-bbox="244 1200 1473 1294">Policy: The Prison Rape Elimination Act policy states that “SFCJDC shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies (Farmington Police Department and the MO Child Abuse and Neglect Hotline)” (p. 6).</p> <p data-bbox="244 1326 1473 1482">A memo dated February 16, 2022, written by the Missouri Department of Social Services states that “Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children’s Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services”.</p> <p data-bbox="244 1514 501 1541">Documentation Reviewed</p> <p data-bbox="244 1572 616 1599">Memo: External Investigative Agency</p> <p data-bbox="244 1630 347 1657">Interviews</p> <p data-bbox="244 1688 1489 1845">Random Sample of Staff: The interviewed random sample of staff reported that they were aware of the agency’s protocol for obtaining usable physical evidence. When probed the staff reported that they would not allow them to shower, brush teeth, or change clothes; they would treat the room like a crime scene and not allow anyone in the area. Call the local police department and the nursing staff. Keep everyone separated and keep visual site on those involved. When asked who conducts the interviews staff reported the Children’s Division and Farmington Police Department.</p> <p data-bbox="244 1877 1457 1971">Advocacy Center: The auditor contacted the local victim advocacy center. The advocacy center reported that the provide forensic interviews, advocacy, follow-ups, court advocacy, and case tracking. It was further reported that they had not received any allegations of sexual abuse or sexual harassment from the facility in the last 12 months related to the facility.</p> <p data-bbox="244 2002 1489 2132">115.321(b). N/A-As reported by the PAQ the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations. The Prison Rape Elimination Act Policy states that “When outside agencies investigate sexual abuse and sexual harassment, the SFCJDC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation “(p. 6).</p>

Interviews

Agency Head – The interviewed agency head reported that when designing acquiring, or planning substantial modification to facilities, the agency considers the effects of such changes on the ability to protect residents from sexual abuse. The current system is an open bay room. We have a lot of cameras, but we are looking in the future to update camera technology and continue to ensure that there are not blind spots.

Superintendent or Designee: The interviewed Superintendent reported that the site has an excellent camera coverage with no blind spots in the dayroom. Recorded video and audio can be reviewed if needed. We will ensure that we continue to have camera coverage and plan to improve surveillance with updated cameras to better resolution.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the pro

115.321 (c). The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that forensic medical examinations are offered without financial cost to the victim. The facility also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner. It was further reported that when SANEs or SAFEs are not available, they do not offer a qualified medical practitioner performs forensic medical examinations. All examinations are conducted at the hospital or the Children's Advocacy Center.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC will work with the investigating law enforcement agency to offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or 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. SFCJDC shall document its efforts, in conjunction with the investigating law enforcement agency, to provide SAFEs and SANEs" (p. 6).

Documentation Reviewed

Child Advocacy Center South Central

Interviews

Advocacy Center: The auditor contacted the local victim advocacy center. The advocacy center reported that they provide forensic interviews, advocacy, follow-ups, court advocacy, and case tracking. It was further reported that they had not received any allegations of sexual abuse or sexual harassment from the facility in the last 12 months related to the facility.

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

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility does not make available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center or a contracted SFCJDC counselor. SFCJDC shall document efforts to secure services from rape crisis centers/child advocacy center or a contracted SFCJDC counselor." (p. 6).

The facility has an MOU with the Child Advocacy Center. The MOU indicates that the Child Advocacy Center will provide victims of sexual abuse with advocates for support during a forensic medical examination and emotional support services related to their victimization during the investigative process and after the investigation has concluded.

Documentation Reviewed

MOU-Child Advocacy Center of East Central Missouri

Provider Resume

Provider License Verification

Interviews

Advocacy Center: The auditor contacted the local victim advocacy center. The advocacy center reported that they provide forensic interviews, advocacy, follow-ups, court advocacy, and case tracking. It was further reported that they had not

received any allegations of sexual abuse or sexual harassment from the facility in the last 12 months related to the facility.

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

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. In addition to the MOU with the Child Advocacy Center of East Central Missouri, the facility has entered into an agreement with a therapist to provide PREA counseling support to youth who are victims of sexual abuse.

Policy: The Prison Rape Elimination Act policy states that "As requested by the victim or the victim's parents/guardian, a victim advocate, or a SFCJDC contracted counselor, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. Such services shall be documented" (p. 7).

Documentation Reviewed

MOU-Child Advocacy Center of East Central Missouri

PREA Counseling Support Agreement

Interviews

Advocacy Center: The auditor contacted the local victim advocacy center. The advocacy center reported that they provide forensic interviews, advocacy, follow-ups, court advocacy, and case tracking. It was further reported that they had not received any allegations of sexual abuse or sexual harassment from the facility in the last 12 months related to the facility.

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

115.321 (f). As indicated in the PAQ the facility is not responsible for conducting administrative or criminal investigations; however, the agency has requested that the responsible agency follow the requirements of paragraph 115.321 (a) through (e) of the standards.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment per section 3.1G and 7.3 of this Operational Manual" (p. 7).

The facility has an MOU with the police department that establishes a process for local law enforcement to respond to and investigate any suspected sexual abuse or sexual harassment that may have alleged to have occurred at the St. Francois County Juvenile Detention Center. In addition, allegations can be made through the Child Abuse and Neglect Hotline operated by Missouri Department of Social Services.

Documentation Reviewed

MOU-Child Advocacy Center

MOU-Police Department

Child Abuse and Neglect Hotline

115.321 (g). The auditor is not required to audit this section.

115.321 (h). The auditor is not required to audit this section.

Corrective Action and Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 331 643 757" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Poster: 3rd Party Report d. PREA Pamphlet 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Investigator - 1 <p data-bbox="244 792 1414 846">Findings (By Provision): As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="244 882 1401 972">Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment per section 3.1G and 7.3 of this Operational Manual" (p. 7).</p> <p data-bbox="244 1008 1474 1164">A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".</p> <p data-bbox="244 1200 1345 1227">In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0</p> <p data-bbox="244 1263 1174 1290">In the past 12 months, the number of allegations resulting in an administrative investigation: 0</p> <p data-bbox="244 1326 1083 1352">In the past 12 months, the number of allegations referred for criminal investigation: 0</p> <p data-bbox="244 1384 501 1411">Documentation Reviewed</p> <p data-bbox="244 1447 616 1473">Memo: External Investigative Agency</p> <p data-bbox="244 1509 347 1536">Interviews</p> <p data-bbox="244 1572 1490 1653">Agency Head – The interviewed agency head reported that allegations of sexual abuse or sexual harassment are reported to FPD and hotline to Missouri Children's Division. An outside agency would conduct both investigations. We would cooperate with the investigations and stay informed throughout the how process of an investigation.</p> <p data-bbox="244 1688 1474 1742">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1778 1490 1966">115.322 (b). As reported in the PAQ, the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p data-bbox="244 2002 1474 2092">Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies (Farmington Police Department and the MO Child Abuse and Neglect Hotline)" (p. 6).</p> <p data-bbox="244 2128 1490 2181">The facility poster and the PREA Pamphlet provides information on the Prison Rape Elimination Act and how to report. The poster indicates that sexual abuse or sexual harassment that occurred at the St. Francois. Co. Juvenile Detention Center can</p>

be made to the Farmington Police Department and the MO Children's Division Hotline. It was reported that the PREA pamphlets and PREA 3rd party report are posted/located in the waiting area room (open and accessible to the public during regular business hours) and in the parent/guardian visitation area.

Documentation Reviewed

Poster: 3rd Party Report

PREA Pamphlet

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

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

115.322 (c). As reported, the facility is not responsible for conducting the administrative but not the criminal investigations. A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".

Documentation Reviewed

Memo: External Investigative Agency

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.

Corrective Action and Conclusion:

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

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. 2021-Cross Gender Pat Down DVD Annual Review (14) d. Policy & Procedure Staff Review 2021 (14) e. 2021-PREA Policy Video Annual Review (14) f. Checklist for an Incident of Sexual Abuse/First Responder Duties g. PREA Pamphlet h. PREA Poster i. PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment j. Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12) 2. Interviews: <ol style="list-style-type: none"> a. Random sample of staff - 11 <p>Findings (By Provision):</p> <p>115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul style="list-style-type: none"> · The agency's zero-tolerance policy for sexual abuse and sexual harassment. · How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. · Residents right to be free from sexual abuse and sexual harassment. · The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. · The dynamics of sexual abuse and sexual harassment in resident facilities. · The common reactions of sexual abuse and sexual harassment victims. · How to detect and respond to signs of threatened and actual sexual abuse. · How to avoid inappropriate relationships with residents. · How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. · How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and · Relevant laws regarding the applicable age of consent. <p>The PREA Policy provides guidance on staff, volunteer and contractor training requirements. The auditor reviewed the training curriculum along with the training logs covering 2020/2021 showing that staff received the required PREA training.</p> <p>The staff, volunteer and contractor training contain the below elements:</p> <p>History and purpose of the Act</p> <p>Requirements of each component of the PREA Standards</p>

- Prevention planning
- Training and education for staff, volunteers, and residents
- Screening at intake
- Reporting sexual abuse, assault, and harassment in detention
- Investigation of reports
- Discipline and correction actions for perpetrator
- Medical and mental health care for victim
- Data collection and review
- Audits

Process of implementation of the PREA Standards

Examples of local resources for implementation

Adolescent Sexual Development

Overview of teen sexual development-puberty

Physical, cognitive, and social/emotional development

Stages of sexual activity-sexual intercourse

Factors impacting early experiences

Gender differences

Positive sexual development

Dynamics of Sexual Abuse

LGBTQI Youth

Understanding Sexual Assault

Documentation Reviewed

2021-Cross Gender Pat Down DVD Annual Review (14)

Training Log: Policy & Procedure Staff Review 2021 (14)

Training Log: 2021-PREA Policy Video Annual Review (14)

Checklist for an Incident of Sexual Abuse/First Responder Duties

Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12)

PREA Pamphlet

PREA Poster

Interviews

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

- a. The agency's zero-tolerance policy on sexual abuse and sexual harassment?
- b. How to fulfill your responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, in accordance with agency policies and procedures?
- c. Resident's right to be free from sexual abuse and sexual harassment?
- d. Residents' and employees' right to free from retaliation for reporting sexual abuse and sexual harassments?

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

The staff consistently reported that they were trained on initial hire and that they receive annual training. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming.

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

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. The PAQ further states that employees who are reassigned from facilities housing the opposite gender are not given additional training. The facility reported that there is only housing unit therefore staff are not reassigned. However, it should be noted that the training addresses gender differences.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC will train and/or educate its youth, employees, volunteers, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335. Youth will be educated through: Juvenile Rights During Detention, Your Rights: A Guide to Preventing and Reporting Sexual Harassment; Safety First; Zero Tolerance posters; PREA pamphlet. SFCJDC staff shall view the PREA training video (produced by Greene Co. JDC) annually. Staff will also view the Guidance in Cross-gender and Transgender Pat Searches from the PREA Resource Center. The Detention Superintendent or designee will go over the Volunteer and Contracted Service Provider agreement with all volunteers and contracted service providers. Additionally, the SFCJDC therapist will view the PREA training video (Greene Co.)" (p. 7).

The auditor reviewed the training log for 14 current and former employees along with the training curriculum.

Documentation Reviewed

2021-Cross Gender Pat Down DVD Annual Review (14)

Training Log: Policy & Procedure Staff Review 2021 (14)

Training Log: 2021-PREA Policy Video Annual Review (14)

Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12)

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

115.331 (c). The facility reported in the PAQ that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Refresher training is conducted annually.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC staff shall view the PREA training video annually" p. 7). The auditor reviewed the training log for 14 current and former employees along with the training curriculum.

Documentation Reviewed

PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment

2021-Cross Gender Pat Down DVD Annual Review (14)

Training Log: Policy & Procedure Staff Review 2021 (14)

Training Log: 2021-PREA Policy Video Annual Review (14)

Checklist for an Incident of Sexual Abuse/First Responder Duties

PREA Pamphlet

PREA Poster

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

115.331 (d). The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The auditor reviewed the training log for 14 current and former employees along with the training curriculum.

Documentation Reviewed

2021-Cross Gender Pat Down DVD Annual Review (14)

Training Log: Policy & Procedure Staff Review 2021 (14)

Training Log: 2021-PREA Policy Video Annual Review (14)

Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12)

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

Corrective Action and Conclusion:

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

Standard 115.332: Volunteer and contractor training

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act
 - c. Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12)
 - d. PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization
 - e. Nurse: Verification of completion of the PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization
 - f. Educators Safety and Security Training for Teachers (2)
 - g. Post Onsite Audit Volunteer Training/ PREA Disclosure and Training Acknowledgement (4)
2. Interviews
 - a. Contractor -2
 - b. Volunteer -1

Findings (By Provision):

115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 10. The volunteers and contractors would receive the same training as staff.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC will train and/or educate its youth, employees, volunteers, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335. Youth will be educated through: Juvenile Rights During Detention, Your Rights: A Guide to Preventing and Reporting Sexual Harassment; Safety First; Zero Tolerance posters; PREA pamphlet. SFCJDC staff shall view the PREA training video (produced by Greene Co. JDC) annually. Staff will also view the Guidance in Cross-gender and Transgender Pat

Searches from the PREA Resource Center. The Detention Superintendent or designee will go over the Volunteer and Contracted Service Provider agreement with all volunteers and contracted service providers. Additionally, the SFCJDC therapist will view the PREA training video (Greene Co.)" (p. 7).

Documentation Reviewed

Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement (12)

PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)

PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization

Nurse: Verification of completion of the PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization

Educators Safety and Security Training for Teachers

PREA Disclosure and Training Acknowledgement (4)

Interviews

Volunteers and Contractors: The interviewed volunteers and contractors reported that they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. One of the contractors reported that they recently received the training.

Corrective Action: While conducting the onsite audit, it was observed that education staff were at times identified as the primary supervision of residents. The auditor notified the director of the requirements of have trained staff that is included part of the PREA ratio requirements. It was determined by the director that the education staff would be trained consistent to the direct care staff. During the post audit phase, the teachers were trained consistent with the direct care staff on safety and security so they would be included in the staffing ratios.

Upon file review, it was determined that volunteers had not received PREA related training. During the post onsite audit phase, the four volunteers were and signed acknowledgements regarding PREA disclosure and training.

115.332 (b). It was reported in the PAQ that there were zero volunteers and contractors who have contact with residents, who have been trained on the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response complete the PREA Disclosure and Training Acknowledgement

Documentation Reviewed

Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement (12)

PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)

PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization

Nurse: Verification of completion of the PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization

PREA Disclosure and Training Acknowledgement (4)

Interviews

Volunteers and Contractors: The interviewed volunteers and contractors reported that the training consisted of how to report, signs to look out for, grooming behaviors, the law of PREA, what "not to do". In addition, it was reported that the training discussed working with LGBTI youth, and how to be respectful and professional. All of the interviewed volunteers and contractors reported that they would notify the Superintendent of any allegations of sexual abuse or sexual harassment.

115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received. However, at this time the facility does not have any contracted staff or volunteers

Documentation Reviewed

PREA Disclosure and Training Acknowledgement (4)

Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12)

Corrective Action and Conclusion:

Corrective Action: While conducting the onsite audit, it was observed that education staff were at times identified as the primary supervision of residents. The auditor notified the director of the requirements of have trained staff that is included part of the PREA ratio requirements. It was determined by the director that the education staff would be trained consistent to the direct care staff. During the post audit phase, the teachers were trained consistent with the direct care staff on safety and security so they would be included in the staffing ratios.

Upon file review, it was determined that volunteers had not received PREA related training. During the post onsite audit phase, the four volunteers were and signed acknowledgements regarding PREA disclosure and training.

There is no further action needed, the facility is in compliance with the standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12) d. PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization e. Nurse: Verification of completion of the PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization f. Educators Safety and Security Training for Teachers (2) g. Post Onsite Audit Volunteer Training/ PREA Disclosure and Training Acknowledgement (4) 2. Interviews <ol style="list-style-type: none"> a. Contractor -2 b. Volunteer -1 <p>Findings (By Provision):</p> <p>115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 10. The volunteers and contractors would receive the same training as staff.</p> <p>Policy: The Prison Rape Elimination Act policy states that "SFCJDC will train and/or educate its youth, employees, volunteers, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335. Youth will be educated through: Juvenile Rights During Detention, Your Rights: A Guide to Preventing and Reporting Sexual Harassment; Safety First; Zero Tolerance posters; PREA pamphlet. SFCJDC staff shall view the PREA training video (produced by Greene Co. JDC) annually. Staff will also view the Guidance in Cross-gender and Transgender Pat Searches from the PREA Resource Center. The Detention Superintendent or designee will go over the Volunteer and Contracted Service Provider agreement with all volunteers and contracted service providers. Additionally, the SFCJDC therapist will view the PREA training video (Greene Co.)" (p. 7).</p> <p>Documentation Reviewed</p> <p>Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement (12)</p> <p>PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)</p> <p>PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization</p> <p>Nurse: Verification of completion of the PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization</p> <p>Educators Safety and Security Training for Teachers</p> <p>PREA Disclosure and Training Acknowledgement (4)</p> <p>Interviews</p> <p>Volunteers and Contractors: The interviewed volunteers and contractors reported that they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. One of the contractors reported that they recently received the training.</p>

Corrective Action: While conducting the onsite audit, it was observed that education staff were at times identified as the primary supervision of residents. The auditor notified the director of the requirements of have trained staff that is included part of the PREA ratio requirements. It was determined by the director that the education staff would be trained consistent to the direct care staff. During the post audit phase, the teachers were trained consistent with the direct care staff on safety and security so they would be included in the staffing ratios.

Upon file review, it was determined that volunteers had not received PREA related training. During the post onsite audit phase, the four volunteers were and signed acknowledgements regarding PREA disclosure and training.

115.332 (b). It was reported in the PAQ that there were zero volunteers and contractors who have contact with residents, who have been trained on the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response complete the PREA Disclosure and Training Acknowledgement

Documentation Reviewed

Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement (12)

PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)

PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization

Nurse: Verification of completion of the PREA Specialized Training: PREA Medical and Mental Care Standards Notification of Curriculum Utilization

PREA Disclosure and Training Acknowledgement (4)

Interviews

Volunteers and Contractors: The interviewed volunteers and contractors reported that the training consisted of how to report, signs to look out for, grooming behaviors, the law of PREA, what "not to do". In addition, it was reported that the training discussed working with LGBTI youth, and how to be respectful and professional. All of the interviewed volunteers and contractors reported that they would notify the Superintendent of any allegations of sexual abuse or sexual harassment.

115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received. However, at this time the facility does not have any contracted staff or volunteers

Documentation Reviewed

PREA Disclosure and Training Acknowledgement (4)

Non-Direct Care Staff, Volunteer, and Contracted Service Provider Agreement (12)

Corrective Action and Conclusion:

Corrective Action: While conducting the onsite audit, it was observed that education staff were at times identified as the primary supervision of residents. The auditor notified the director of the requirements of have trained staff that is included part of the PREA ratio requirements. It was determined by the director that the education staff would be trained consistent to the direct care staff. During the post audit phase, the teachers were trained consistent with the direct care staff on safety and security so they would be included in the staffing ratios.

Upon file review it was determined that volunteers had not received PREA related training. During the post onsite audit phase, the four volunteers were and signed acknowledgements regarding PREA disclosure and training.

There is no further action needed, the facility is in compliance with the standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Resident Education (21): <p>PREA Pamphlet</p> <p>PREA Poster/Updated PREA Poster</p> <p>PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment</p> <p>Juvenile Rights During Detention</p> <p>Youth Handbook</p> <p>Safety 1st PREA booklet</p> <p>PREA Pamphlet (Spanish)</p> <p>Spanish Youth Handbook</p> <p>PREA Group</p> 2. Interviews: <ol style="list-style-type: none"> a. Intake staff - 2 b. Random sample of residents - 11 3. On-site observation <ol style="list-style-type: none"> a. PREA Posters <p>Findings (By Provision):</p> <p>115.333 (a). As reported in the PAQ, Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. It was further reported that the information is provided in an age-appropriate fashion.</p> <p>Policy: The Prison Rape Elimination Act policy states that "SFCJDC will train and/or educate its youth, employees, volunteers, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335. Youth will be educated through: Juvenile Rights During Detention, Your Rights: A Guide to Preventing and Reporting Sexual Harassment; Safety First; Zero Tolerance posters; PREA pamphlet. SFCJDC staff shall view the PREA training video (produced by Greene Co. JDC) annually. Staff will also view the Guidance in Cross-gender and Transgender Pat Searches from the PREA Resource Center. The Detention Superintendent or designee will go over the Volunteer and Contracted Service Provider agreement with all volunteers and contracted service providers. Additionally, the SFCJDC therapist will view the PREA training video (Greene Co.)" (p. 7).</p> <p>The number of residents admitted in past 12 months who were given this information at intake: 87.</p> <p>The Resident Handbook informs the residents about their right to be free from sexual abuse and sexual harassment. In addition, the residents receive a brochure title What you Should Know Abuse Sexual Assault/Abuse. The auditor reviewed 21 signed acknowledgement statements where the residents received PREA education.</p> <p>Corrective Action: During the post onsite audit phase the facility updated its PREA posters to add telephone numbers and addresses for the victim advocacy and emotional support to the current posters.</p> <p>Documentation Reviewed</p> <p>Resident Education (21):</p> <ul style="list-style-type: none"> · PREA Pamphlet · PREA Poster/Updated PREA Poster · PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment

- Juvenile Rights During Detention
- Youth Handbook
- Safety 1st PREA booklet
- PREA Pamphlet (Spanish)
- Spanish Youth Handbook
- PREA Group

Interviews

Intake Staff: The interviewed intake staff reported that residents are provided information about the agencies zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. They receive the information by going over the PREA booklet with the resident. We provide them with the booklet along with going over it with them. We will ask them to give a summary of what they read and understand. Before they can participate in group activities, they have to go over the handbook.

Resident Interview Questionnaire: The interviewed residents stated that they received information on the first day of arrival regarding the rules of sexual abuse and harassment. Some of the residents were able to also further describe a process where the staff sat down with them and went over the information.

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

115.333 (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.

Policy: Policy 115.333 provides guidance on the above. In addition, the policy states that "Juvenile Rights During Detention and the PREA Booklet are completed during initial paperwork at a youth's intake. PREA Pamphlet and Youth Handbook are located in the youth's rooms. The youth are required to read through their handbook before joining detention activities. The PREA Poster is posted in multiple places in the dayroom in view of the youth. This education includes information on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incident. Additionally, the Safety 1st booklet is completed by the counselor with the youth within 10 days".

The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 87

The auditor observed the files of 21 residents (current and past). It was determined that the residents typically receive the PREA education on the same day of intake.

Documentation Reviewed

Resident Education (21):

- PREA Pamphlet
- PREA Poster/Updated PREA Poster
- PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment
- Juvenile Rights During Detention
- Youth Handbook
- Safety 1st PREA booklet
- PREA Pamphlet (Spanish)
- Spanish Youth Handbook
- PREA Group

Interviews

Intake Staff: The interviewed intake staff reported that aside from the PREA booklet and the Juvenile Rights that we will go over during the intake process, we also have posters in the dayroom. Part of the juvenile rights addresses how to be from retaliation as well. Additionally, we have a counselor that comes in within the first 10 days will go over the Safety 1st PREA booklet. Residents are made aware of the zero-tolerance policy immediately upon placement at the facility.

Resident Interview Questionnaire: The interviewed residents reported that when they first arrived at the facility, they were informed of their right to not be sexually abuse or sexually harassed, how to report sexual abuse or sexual harassment, and the right to not be punished for reporting sexual abuse or sexual harassment. The residents reported that the received the information immediately upon arrival.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program. The program exceeded the requirements of this standard.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the facility. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation.

Policy: Policy 115.333 provides guidance on the above. In addition, the policy states that "Juvenile Rights During Detention and the PREA Booklet are completed during initial paperwork at a youth's intake. PREA Pamphlet and Youth Handbook are located in the youth's rooms. The youth are required to read through their handbook before joining detention activities. The PREA Poster is posted in multiple places in the dayroom in view of the youth. This education includes information on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incident. Additionally, the Safety 1st booklet is completed by the counselor with the youth within 10 days".

The auditor observed the files of 21 residents (current and past). It was determined that the residents typically receive the PREA education on the same day of intake.

Documentation Reviewed

Resident Education (21):

- PREA Pamphlet
- PREA Poster/Updated PREA Poster
- PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment
- Juvenile Rights During Detention
- Youth Handbook
- Safety 1st PREA booklet
- PREA Pamphlet (Spanish)
- Spanish Youth Handbook
- PREA Group

Interviews

Intake Staff: The interviewed intake staff reported that residents are provided information about the agencies zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. They receive the information by going over the PREA booklet with the resident. We provide them with the booklet along with going over it with them. We will ask them to give a summary of what they read and understand. Before they can participate in group activities, they have to go over the handbook.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program. The program exceeded the requirements of this standard.

Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program. The program exceeded the requirements of this standard.

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Resident PREA education is available in formats accessible to all residents, including those who have limited reading skills.

Policy: The Prison Rape Elimination Act policy states that, "SFCJDC shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment" (pp. 4-5). The policy further states that "we will utilize our existing PREA education materials (Your Rights: A Guide to Preventing and Reporting Sexual Harassment as part of the intake; Zero Tolerance posters; the counselor's materials; Safety First; Spanish version of PREA pamphlet) for the youth to the extent possible. We will read the materials to the youth that have intellectual, academic or visual impairment. If a youth is deaf, we can contact the State of Missouri for a contracted interpreter. If the youth does not speak English, we can utilize bilingual (Spanish) staff or a contracted interpreter through the State of Missouri. We also have available Spanish versions of the PREA pamphlet, the youth rule book and Safety First. If there is an incident, or suspected incident, of sexual harassment or assault, staff will assist any special needs youth to whatever extent necessary during the entire process" (p. 5).

Documentation Reviewed

Resident Education (21):

- PREA Pamphlet
- PREA Poster/Updated PREA Poster
- PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment
- Juvenile Rights During Detention
- Youth Handbook
- Safety 1st PREA booklet
- PREA Pamphlet (Spanish)
- Spanish Youth Handbook
- PREA Group

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. There were no residents who met the criteria of this provision to be interviewed at the time of the audit.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions. The auditor reviewed 21 signed acknowledgement statements where the residents received PREA education. It was further determined that the residents typically receive and sign acknowledgement on the same day of arrival to the facility.

Documentation Reviewed

Resident Education (21):

- PREA Pamphlet
- PREA Poster/Updated PREA Poster
- PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment
- Juvenile Rights During Detention
- Youth Handbook
- Safety 1st PREA booklet
- PREA Pamphlet (Spanish)

- Spanish Youth Handbook
- PREA Group

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

115.333 (f). The facility reported in the PAQ that the agency will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. It was further reported that Pamphlets and Handbook are in the youth's rooms. Posters are posted in multiple places in the dayroom.

During the onsite inspection the auditor observed posters and brochures throughout the facility. In the intake area, the PREA education is readily accessible in English and Spanish.

Documentation Reviewed

Resident Education (21):

- PREA Pamphlet
- PREA Poster/Updated PREA Poster
- PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment
- Juvenile Rights During Detention
- Youth Handbook
- Safety 1st PREA booklet
- PREA Pamphlet (Spanish)
- Spanish Youth Handbook
- PREA Group

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

Corrective Action and Conclusion:

During the post onsite audit phase, the facility updated its PREA posters to add telephone numbers and addresses for the victim advocacy and emotional support to the current posters.

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
2. Interviews:
 - a. Investigator - 1

Findings (By Provision):

115.334 (a). N/A-As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations.

Interviews

Investigative staff: The outside agency investigator was interviewed. It was reported that they do not receive training specific to conducting sexual abuse and sexual harassment in confinement settings; however, they receive other sexual abuse investigation trainings. OHI investigators have to have a minimum of 20 hours of 210 training per year. We receive trainings specific to child abuse and sexual abuse several times per year and they are sent out to investigators to attend if they haven't had the specific training yet. Also, they attend Stat Team trainings for sexual abuse when they are offered, and investigators are able to attend. We send investigators to Child First Trainings yearly where they are trained on investigating sexual abuse. Our Training Unit is in the process of developing a means for our investigators to receive credit for the PREA Training, but we do not have that ability yet. Once we are able to get credit the investigators will attend the Specialized Training for investigating sexual abuse in confinement settings.

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

115.334 (b). N/A-As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations.

Documentation Reviewed

Training records/logs of investigative staff.

Interviews

Investigative staff: The outside agency investigator was interviewed. It was reported that they are trained on:

1. Interviewing juvenile perpetrators in the past.
2. OHI does not Mirandize the alleged perpetrators and that is done by law enforcement. We co-investigate with law enforcement.
3. Evidence collection is covered in most STAT Team Trainings and in the Child First Trainings.
4. The criteria to substantiate would also be covered in the STAT Team Trainings and Child First Trainings. Children's Division legal aspects training is a mandatory training for investigators and also covers criteria to substantiate.

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

115.334 (c). N/A-As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations.

115.334 (d). Auditor is not required to audit this provision.

Corrective Action and Conclusion:

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

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Specialized Training for medical and mental health (2) d. Prison Rape Elimination Act & Sexual Misconduct Training 2. Interviews: <ol style="list-style-type: none"> a. Medical and Mental Health Staff (2) <p>Findings (By Provision):</p> <p>115.335 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. During the post audit phase, the policy was updated to include the requirements of the PREA training and the Specialized PREA Training requirements. In addition, the staff completed the PREA training for staff.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 2.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100.</p> <p>Documentation Reviewed</p> <p>Specialized training for medical and mental health certificates (2)</p> <p>Prison Rape Elimination Act & Sexual Misconduct Training</p> <p>Interviews</p> <p>Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they completed the specialized training for medical and mental health staff through the PREA resource center. The trainings covered: 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.</p> <p>Corrective Action: During the post audit phase the facility superintendent ensured that the medical and mental health staff completed specialized training. In addition, the policy was updated to add the requirements of completing specialized training.</p> <p>115.335 (b). Agency medical staff at this facility do not conduct forensic medical exams.</p> <p>Medical and Mental Health Staff: The interviewed medical and mental health staff also reported that they are not trained on conducting forensic interviews.</p> <p>115.335 (c). As reported in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The auditor reviewed the completion of the specialized training for medical and mental health staff.</p> <p>Documentation Reviewed</p> <p>Specialized training for medical and mental health certificates (2)</p> <p>Prison Rape Elimination Act & Sexual Misconduct Training</p> <p>115.335 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under §</p>

115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency. The auditor reviewed the completion of the specialized training for medical and mental health staff.

Documentation Reviewed

Specialized training for medical and mental health certificates (2)

Prison Rape Elimination Act & Sexual Misconduct Training

Corrective Action and Conclusion:

During the post audit phase, the facility superintendent ensured that the medical and mental health staff completed specialized training. In addition, the policy was updated to add the requirements of completing specialized training. No further action is recommended.

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

115.341	Obtaining information from residents
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 387 598 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 445 643 474">b. Policy: Prison Rape Elimination Act <li data-bbox="244 504 1058 533">c. Missouri Secure Detention SAVAC Sexual Assault Victim/Assailant Checklist <li data-bbox="244 562 799 591">d. Resident Intake Documents (Current Residents) 11 <ul style="list-style-type: none"> <li data-bbox="284 638 611 667">• Physical and Mental Evalution <li data-bbox="284 674 722 703">• Sexual Assault Victim/Assailant Checklist <li data-bbox="284 710 1340 739">• Signed PREA Education (A Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment) <li data-bbox="284 745 1340 775">• Signed PREA Education (A Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment) <li data-bbox="244 804 667 833">e. Resident Intake Documents (Prior) 10 <li data-bbox="244 862 799 891">f. Updated Sexual Assault Victim/Assailant Checklist <li data-bbox="244 920 403 949">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="244 978 679 1008">a. Staff responsible for Risk Screening - 2 <li data-bbox="244 1037 620 1066">b. Random sample of residents - 11 <li data-bbox="244 1095 475 1124">c. PREA coordinator <p data-bbox="244 1153 483 1182">Findings (By Provision):</p> <p data-bbox="244 1211 1484 1361">115.341 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 71.</p> <p data-bbox="244 1391 1492 1487">The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.</p> <p data-bbox="244 1516 821 1545">Policy: The Prison Rape Elimination Act policy states that:</p> <p data-bbox="244 1574 1466 1637">Upon a youth being admitted to SFCJDC, the Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (a copy of which is attached to this policy) shall be completed, for use in reducing the risk of sexual abuse by or upon a youth.</p> <p data-bbox="244 1666 1415 1729">Upon a youth's entry into the program, intake procedures set forth in sections 6.3., 6.4, 6.5 and 6.9 of this Operational Manual shall be followed.</p> <p data-bbox="244 1758 1463 1787">Information received during assessment shall be disseminated to personnel working with the juvenile as appropriate (p. 7).</p> <p data-bbox="244 1816 502 1845">Documentation Reviewed</p> <p data-bbox="244 1874 568 1904">Resident Intake Documents (21)</p> <p data-bbox="244 1933 525 1962">180-day reassessment form</p> <p data-bbox="244 1991 347 2020">Interviews</p> <p data-bbox="244 2049 1473 2145">Staff Responsible for Risk Screening: The interviewed staff reported that residents are screened upon admission for risk of sexual abuse victimization or sexual abusiveness. The screening of residents occurs within 72 hours. The information is ascertained by reviewing any legal documents, medical documents as well as the responses from the youth. In addition, we</p>

can review a summary on the juvenile if one is available to see if prior listings of a possible child abuse case. If an incident were to occur the risk level would be assessed every 30 days. However, monitoring is ongoing to determine if group assignments shall change based on the resident's needs.

Resident Interview Questionnaire: The interviewed residents reported that when they first arrived at, they were asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender and whether or not they have a disability or think they may be in danger of sexual abuse. Only one resident reported that they could recall being asked the questions again.

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

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument called the SAVAAC Sexual Assault Victim/Assailant Form. The form has specific instructions for scoring for victim and predatory factors.

Policy: The Prison Rape Elimination Act policy states that:

Upon a youth being admitted to SFCJDC, the Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (a copy of which is attached to this policy) shall be completed, for use in reducing the risk of sexual abuse by or upon a youth.

Upon a youth's entry into the program, intake procedures set forth in sections 6.3, 6.4, 6.5 and 6.9 of this Operational Manual shall be followed.

Information received during assessment shall be disseminated to personnel working with the juvenile as appropriate (p. 7).

Documentation Reviewed

Resident Intake Documents (21)

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

115.341 (c). As reported in the PAQ, 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.

Corrective Action: During the onsite audit phase, it was determined that the facility did not have all of the above components on the Sexual Assault Victim/Assailant Form. The form was updated to add intellectual disability.

Documentation Reviewed

Resident Intake Documents (21)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the information for the risk screening is ascertained by reviewing legal documents, medical documents, or talking to the youth. In addition, the staff can review any prior child abuse cases if one exists.

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

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

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that the counselor and the necessary JDC staff would have access to the resident's risk screening.

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

115.341 (e). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that the agency has an outline as to who will have access to a resident's risk assessment. It was further reported that only detention staff and juvenile office personnel working with the youth will have access to assessments as appropriate. The contracted counselor will also review the assessment.

Staff Responsible for Risk Screening: The interviewed staff reported that the counselor and the necessary JDC staff would have access to the resident's risk screening.

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

Corrective Action and Conclusion:

Corrective Action: During the onsite audit phase, it was determined that the facility did not have all of the above components on the Sexual Assault Victim/Assailant Form. The form was updated to add intellectual disability. There is no further action needed. The facility is compliant with the standard.

115.342	Placement of residents
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 387 598 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 445 643 474">b. Policy: Prison Rape Elimination Act <li data-bbox="244 504 507 533">c. SAVAAC Instructions <li data-bbox="244 562 799 591">d. Resident Intake Documents (Current Residents) 11 <ul style="list-style-type: none"> <li data-bbox="284 638 624 667">• Physical and Mental Evaluation <li data-bbox="284 674 722 703">• Sexual Assault Victim/Assailant Checklist <li data-bbox="284 710 1339 739">• Signed PREA Education (A Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment) <li data-bbox="284 745 440 775">• PREA Group <li data-bbox="244 799 667 828">e. Resident Intake Documents (Prior) 10 <li data-bbox="244 857 786 887">f. Memo: Room Assignments/Programming Groups <li data-bbox="244 916 568 945">g. 180-day reassessment form <li data-bbox="244 974 400 1003">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="244 1032 469 1061">a. PREA coordinator <li data-bbox="244 1090 679 1120">b. Staff responsible for Risk Screening - 2 <li data-bbox="244 1149 448 1178">c. Superintendent <li data-bbox="244 1207 633 1236">d. Medical and mental health staff - 2 <li data-bbox="244 1265 579 1294">e. Randomly selected staff – 11 <li data-bbox="244 1323 895 1352">f. Transgender, intersex, gay, lesbian, and bisexual resident -1 <li data-bbox="244 1382 413 1411">3. Onsite Tour <ol style="list-style-type: none"> <li data-bbox="244 1440 526 1469">a. Review of housing units <p data-bbox="244 1498 483 1527">Findings (By Provision):</p> <p data-bbox="244 1556 1461 1704">115.342 (a). As stated in the PAQ, the facility, uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse. The facility staff are trained (Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary) on the utilization of the form. The instructions inform staff that the form is used to predict victim or aggressor tendencies, how to score the sheet, when to complete the initial assessment and reassessments, along with the purpose of informing housing decisions.</p> <p data-bbox="244 1733 983 1762">Staff are also provided instructions on how to complete the SAVAAC form.</p> <p data-bbox="244 1792 1489 1888">Policy: The Prison Rape Elimination Act policy states that “SFCJDC shall use information obtained during the comprehensive assessment and facility intake procedures to make placement decisions with the goal of keeping all youth safe and free from sexual abuse” (p. 7).</p> <p data-bbox="244 1917 1350 1982">The facility provided a memo to explain the process of utilizing the SAVAC to determine room assignments and programming.</p> <p data-bbox="244 2011 1492 2136">Memo: SFCJDC has one open dayroom with 11 single bunk rooms around the perimeter. There are no separate wings. Each room is in direct supervision of staff, is in close proximity to the control desk, and the dayroom has excellent camera coverage with no blind spots. Upon a youth being admitted to SFCJDC, the Missouri Secure Detention Sexual Assault Victim/Assailant Checklist is completed, for use in reducing the risk of sexual abuse by or upon a youth. Staff will use</p>

information obtained from the SAVAC to make room and group assignments.

Youth who are determined by the SAVAC to be at increased risk of being sexually abusive (score 1 or more on predatory factor status) will be assigned a room away from youth who are at increased risk of sexual victimization (score 2 or more on victim factor status). Youth who are at an increased risk of being sexually abusive may also be placed in a separate programming group from youth who are at increased risk of sexual victimization. Youth who are at increased risk of sexual victimization will be placed in a room near and in a programming group with physically/mentally comparable youth when possible.

All youth shower individually. Staff will review placement decisions and a youth's risk for sexual victimization and abusiveness on an on-going basis. Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status. SFCJDC prohibits placing these youth in a particular housing, bed, or other assignments solely on the basis of such identification or status. SFCJDC prohibits considering these youth's identification or status as an indicator or likelihood of being sexually abusive. Other room/group assignment factors, separate from the SAVAC form, include but are not limited to co-defendant status; interaction and behavior of youth; youth's requests and/or complaints; youth's charges; and youth's maturity.

The facility has a process to conduct reassessments on residents every 180 days. During the past 12 months there were no identified residents who had been at the facility for 180 days.

Documentation Reviewed

Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary

SAVAAC Instructions

Memo: Room Assignments/Programming Groups

180-day reassessment form

Interviews

Superintendent or Designee – The interviewed superintendent reported that the facility does not use isolation. If needed, we would keep them/residents safe and would be temporarily used as a last resort.

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that the facility does not use isolation. However, if for any reason isolation was used, the residents would still receive follow up visits with medical and mental health staff.

115.342 (b). As stated in the PAQ, the facility, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

Policy: The Prison Rape Elimination Act policy states that "youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be placed in isolation or separation as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply, at a minimum (p. 7).

The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0

The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0

The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that the facility does not have special housing units for lesbian, gay, bisexual, transgender, or intersex residents.

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

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

prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy: The Prison Rape Elimination Act policy states that "Youth shall only be isolated or separated in accordance with sections 9.4 and 9.6 of this Operation Manual. Lesbian, gay, bisexual, transgender, or intersex youth shall not be isolated or separated solely on the basis of such identification or status" (p. 8). Further, the facility prohibits considering these youth's identification or status as an indicator or likelihood of being sexually abusive.

Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that the facility does not have special housing units for lesbian, gay, bisexual, transgender, or intersex residents.

Transgender, intersex, gay, lesbian, and bisexual resident: The interviewed resident reported that there is no special housing for residents who identify as being gay, lesbian, bisexual, transgender or intersex.

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

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

Policy: The Prison Rape Elimination Act policy states that "Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status. The facility prohibits placing these youth in a particular housing, bed, or other assignments solely on the basis of such identification or status. Further, the facility prohibits considering these youth's identification or status as an indicator or likelihood of being sexually abusive (pp. 7-8).

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

The site has not had any transgender or intersex residents in the last 12 months.

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that transgender and intersex residents' views of their own safety is given serious consideration in placement and programming assignments. All residents are given the opportunity to shower separately from other residents.

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

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that they would offer follow up with a medical and/or mental health provider if a screening indicated that a resident experienced prior sexual victimization. They would meet with the counselor within 10 days and medical within 5 days.

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

115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that they would offer follow up with a medical and/or mental health provider if a screening indicated that a resident experienced prior sexual victimization. They would meet with the counselor within 10 days and medical within 5 days.

PREA Audit Site Review: Tour living units and accommodations made for transgender and intersex residents to shower separately from other residents.

115.342 (h). As reported in the PAQ, 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.

From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the resident's safety, and • The

reason or reasons why alternative means of separation cannot be arranged: 0.

115.342 (j). As reported in a PAQ, if a resident at risk of sexual victimization is held in isolation, the facility does not afford each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population, because the facility does not use isolation.

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

Corrective Action and Conclusion:

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

115.351	Resident reporting
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 387 603 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 445 647 474">b. Policy: Prison Rape Elimination Act <li data-bbox="244 504 568 533">c. Policy: Juvenile Grievances <li data-bbox="244 562 839 591">d. Policy: Child Abuse and Neglect Reporting Procedures <li data-bbox="244 620 459 649">e. PREA Pamphlet <ol style="list-style-type: none"> <li data-bbox="244 678 421 707">a. PREA Poster <li data-bbox="244 736 1203 766">b. PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment <li data-bbox="244 795 622 824">c. Juvenile Rights During Detention <li data-bbox="244 853 456 882">d. Youth Handbook <li data-bbox="244 911 536 940">e. Safety 1st PREA booklet <li data-bbox="244 969 560 999">f. PREA Pamphlet (Spanish) <li data-bbox="244 1028 552 1057">f. Spanish Youth Handbook <li data-bbox="244 1086 703 1115">g. Checklist for an Incident of Sexual Abuse <li data-bbox="244 1144 667 1173">h. Grievances filed in last 12 months (3) <li data-bbox="244 1202 400 1232">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="244 1261 571 1290">a. Random sample of staff - 11 <li data-bbox="244 1319 620 1348">b. Random sample of residents - 11 <p data-bbox="244 1377 483 1406">Findings (By Provision):</p> <p data-bbox="244 1435 1484 1547">115.351 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • 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.</p> <p data-bbox="244 1576 1461 1673">Policy: Pages 8-10 of the Prison Rape Elimination Act policy; along the PREA pamphlets, posters, handbooks and booklet provide residents with multiple ways for residents to report privately to agency officials about sexual abuse and sexual harassment. More specifically the policy states that:</p> <p data-bbox="244 1702 1485 1933">SFCJDC shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents in accordance with the PREA Booklet, PREA Education with counselor, Youth Handbook and section 7.3 of this Operational Manual. Information for youth explaining how to report sexual harassment and sexual abuse is contained in Youth Posters (4 mounted in the dayroom), the Youth Handbook, Your Rights: A Guide to Prevention and Reporting Sexual Harassment (at intake), the PREA pamphlet and information given by local counselor within 10 days of being detained (p. 9).</p> <p data-bbox="244 1962 1465 2022">During the onsite phase the auditor reviewed all grievances filed in the last 12 months. None of the grievances were PREA related.</p> <p data-bbox="244 2051 1484 2148">Onsite Observation: The facility does not have a secure locked grievance box. The director along with the residents reported that they would place the grievance under the director's door. The director's office is on the residential unit. The director further reported that she is only person that has access to her office.</p>

Documents Reviewed

PREA Pamphlet

PREA Poster

PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment

Juvenile Rights During Detention

Youth Handbook

Safety 1st PREA booklet

PREA Pamphlet (Spanish)

MOU-Police Department

Child Abuse and Neglect Hotline

Grievances (3)

Interviews

Random Sample of Staff – The interviewed staff reported that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods for which they can report include telling any staff member, counselor, volunteer, or anyone they feel comfortable with. Additionally, it was reported that they can contact the children's division hotline, nurses, or write a grievance.

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

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

115.351 (b). As reported in the PAQ, the facility provides 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. The agency does not a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Policy: Pages 8-10 of the Prison Rape Elimination Act policy; along the PREA pamphlets, posters, handbooks and booklet provide residents with multiple ways for residents to report privately to agency officials about sexual abuse and sexual harassment. More specifically the policy states that:

SFCJDC shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents in accordance with the PREA Booklet, PREA Education with counselor, Youth Handbook and section 7.3 of this Operational Manual. Information for youth explaining how to report sexual harassment and sexual abuse is contained in Youth Posters (4 mounted in the dayroom), the Youth Handbook, Your Rights: A Guide to Prevention and Reporting Sexual Harassment (at intake), the PREA pamphlet and information given by local counselor within 10 days of being detained (p. 9).

Onsite Observation: The facility does not have a secure locked grievance box. The director along with the residents reported that they would place the grievance under the director's door. The director's office is on the residential unit. The director further reported that she is only person that has access to her office.

Documentation Reviewed

PREA Pamphlet

PREA Poster

PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment

Juvenile Rights During Detention

Youth Handbook

Safety 1st PREA booklet

PREA Pamphlet (Spanish)

MOU-Police Department

Child Abuse and Neglect Hotline

Grievances (3)

Interviews

Resident Interview Questionnaire: The interviewed residents reported that they could report an allegation of sexual abuse or sexual harassment that happened to them or someone else by telling staff, telling parents, notify their attorneys, or write a grievance. When asked if there was someone outside of the facility, they could make a report to, the residents stated law enforcement, parents, or attorney.

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

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Additionally, staff are required to document verbal reports.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented immediately and then immediately contact the Detention Superintendent. The documentation of verbal reports shall be maintained by the PREA Compliance Manager (Detention Superintendent) (p. 9).

During the onsite phase the auditor reviewed all grievances filed in the last 12 months. None of the grievances were PREA related.

Documents Reviewed

PREA Pamphlet

PREA Poster

PREA Booklet: A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment

Juvenile Rights During Detention

Youth Handbook

Safety 1st PREA booklet

PREA Pamphlet (Spanish)

MOU-Police Department

Child Abuse and Neglect Hotline

Grievances (3)

Interviews

Random Sample of Staff: The interviewed staff reported that when a resident alleges sexual harassment, can he/she do so verbally, in writing, anonymously and through third parties. Such reports can be made immediately.

Resident Interview Questionnaire: The interviewed residents reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. It was further reported that their parents could make one on behalf of them if needed. However, two residents reported that it would be hard to have a private phone call or visit with their parents as the calls and visitation are monitored.

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

115.351 (d). As reported in the PAQ, the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and

staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy: The Juvenile Grievances policy provides guidance on one of the ways in which residents can make a report of sexual abuse or sexual harassment.

During the onsite phase the auditor reviewed all grievances filed in the last 12 months. None of the grievances were PREA related.

Documentation Reviewed

Grievances (3)

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

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can privately report to supervisor or detention superintendent. Staff are mandated reporters and cannot remain anonymous.

Policy: The Prison Rape Elimination Act policy states that:

As stated in section 3.1 (0) of this Operations Manual, all SFCJDC employees are mandated reporters: "To ensure the safety of the juveniles in the facility, all suspected incidents of child abuse or neglect, whether they may have occurred prior to admission or during the juvenile's stay, shall be reported immediately to the shift supervisor and the Detention Superintendent. A telephone call will then immediately be made to the Children's Division Hotline at 1-800-392-3738 (or a report will be made online for non-emergency reports.) As a mandated reporter, by law, anyone who knows or suspects that an incident of alleged child abuse or neglect has occurred must initiate or cause to be initiated a report to the Children's Division Hotline. Any person making a good faith report shall have immunity from any liability, civil or criminal, that otherwise might result by reason of such actions. As a mandated reporter, failure to hotline suspected abuse or neglect is a Class A Misdemeanor. The Detention Superintendent shall initiate a thorough investigation of any allegations of child abuse or neglect involving an employee by notifying the appropriate law enforcement agency. The Detention Superintendent shall administer appropriate disciplinary actions, which may include suspension, dismissal, and/or criminal prosecution" (p. 8).

The Child Abuse and Neglect Reporting Procedures policy provides additional guidance on the mandated reporting rules. The Checklist for an Incident of Sexual Abuse form provides the facility staff with information on their first responder duties.

Documentation Reviewed

Checklist for an Incident of Sexual Abuse

Interviews

Random Sample of Staff: The interviewed staff reported that staff can privately report sexual abuse and sexual harassment of residents. Some of the methods reported are send an email to facility leadership, notify law enforcement, or contact the Children's Division Hotline.

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

Corrective Action and Conclusion:

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

115.352	Exhaustion of administrative remedies
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 331 408 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 389 596 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 448 643 474">b. Policy: Prison Rape Elimination Act <li data-bbox="244 506 480 533">c. Policy: Grievances <li data-bbox="244 564 456 591">d. Youth Handbook <li data-bbox="244 622 435 649">e. Grievances (3) <p data-bbox="244 680 483 707">Findings (By Provision):</p> <p data-bbox="244 739 1493 792">115.352 (a). As reported in the PAQ, the agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard.</p> <p data-bbox="244 824 1493 918">Policy: The Prison Rape Elimination Act Policy (pp. 10-12) and the Grievances policy provides the staff with guidance on how to handle the administrative process for dealing with resident grievances. Policy Grievances provides additional information on the facility process on handling grievances related to sexual abuse or sexual harassment allegations.</p> <p data-bbox="244 949 1457 1075">Onsite Observation: Onsite the auditor observed there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance. The facility Superintendent reported that there were 3 grievances filed. All of the grievances were non PREA related. The auditor was able to review how the grievance process was handled.</p> <p data-bbox="244 1106 501 1133">Documentation Reviewed</p> <p data-bbox="244 1164 392 1191">Grievances (3)</p> <p data-bbox="244 1223 413 1249">Youth Handbook</p> <p data-bbox="244 1281 1466 1406">115.352 (b). As reported in the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="244 1438 1450 1491">Policy: The Grievance policy states that "residents can submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred" (p. 18).</p> <p data-bbox="244 1523 1457 1648">Onsite Observation: Onsite the auditor observed there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance. The facility Superintendent reported that there were 3 grievances filed. All of the grievances were non PREA related. The auditor was able to review how the grievance process was handled.</p> <p data-bbox="244 1680 501 1706">Documentation Reviewed</p> <p data-bbox="244 1738 392 1765">Grievances (3)</p> <p data-bbox="244 1796 1477 1921">115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p data-bbox="244 1953 1493 2047">Policy: The Grievances Policy states that "a resident is allowed to and should submit a grievance alleging sexual abuse to a staff member who is not the subject of the complaint. A resident's grievance alleging sexual abuse shall not be referred to the staff member who is subject to the complaint" (p. 18).</p> <p data-bbox="244 2078 1402 2132">Onsite Observation: Onsite the auditor observed there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance. The facility</p>

Superintendent reported that there were 3 grievances filed. All of the grievances were non PREA related. The auditor was able to review how the grievance process was handled.

Documentation Reviewed

Grievances (3)

Youth Handbook

115.352 (d). As reported in the PAQ, the agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Policy: The Grievance policy states that "a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance (an extension of time to respond may be claimed, up to 70 days, if the normal time period for response insufficient to make an appropriate decision" (p. 18).

In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0.

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

Interviews

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

115.352 (e). The facility reported in the PAQ that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

Policy: The Grievance policy states that "residents are permitted to have third parties, including other residents, staff members, family members, attorneys, and outside advocates, to assist them in filling requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents" (p. 18).

The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

115.352 (f). The agency reported in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days

Policy: The Grievance policy states that "any grievance, that is filed by a resident that alleges a resident is subject to a substantial risk of imminent sexual abuse, SFCJDC staff shall immediately forward substantial risk of imminent sexual abuse, SFCJDC staff shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Detention Superintendent, who shall take immediate corrective action. The Detention Superintendent shall provide an initial response and final decision of the facility shall document the determination of whether the resident is in substantial risk of imminent sexual abuse and the action take in response to the emergency grievance" (p. 18).

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.352(f)-3, which had an initial response within 48 hours: 0

The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

115.352 (g). As reported in the PAQ the agency has a written policy that limits its ability to discipline a resident for filing a

grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

Policy: The Grievance policy states that "SFCJDC will only discipline a resident for filling a grievance alleging sexual abuse in instances where it is determined that the resident filled the grievance in bad faith" (p. 18).

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Corrective Action and Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 331 828 927" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. MOU-Child Advocacy Center of East Central Missouri d. PREA Counseling Support Agreement e. Updated PREA Poster f. Updated Youth Handbook 2. Interviews: <ol style="list-style-type: none"> a. Random sample of residents - 11 b. Superintendent c. Advocacy Center <p data-bbox="244 958 483 985">Findings (By Provision):</p> <p data-bbox="244 1016 1481 1178">115.353 (a). As reported in the PAQ, the facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. It further reports that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The resident handbook has specific information for the residents to contact an outside advocate.</p> <p data-bbox="244 1209 1445 1370">Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall provide youth 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. SFCJDC shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible" (p. 9).</p> <p data-bbox="244 1402 502 1429">Documentation Reviewed</p> <p data-bbox="244 1460 780 1487">MOU-Child Advocacy Center of East Central Missouri</p> <p data-bbox="244 1518 628 1545">PREA Counseling Support Agreement</p> <p data-bbox="244 1576 469 1603">Updated PREA Poster</p> <p data-bbox="244 1635 505 1662">Updated Youth Handbook</p> <p data-bbox="244 1693 347 1720">Interviews</p> <p data-bbox="244 1751 1490 1939">Random sample of residents: Two of the interviewed residents reported being aware of outside services that deal with sexual abuse. When probed the residents' stated areas like behavioral health and the rape hotline. Both residents stated that the facility provided information on the outside services. They believed the information was in their PREA brochures or handbook. The residents could not recall the detail of what the services may entail. However, they could recall that the number was toll free. The residents stated that if they needed to contact the outside services, they would have to ask staff for permission. The residents were not sure if they could have a private conversation with the outside services.</p> <p data-bbox="244 1971 1455 2065">Upon review of the youth and handbook and observation of the posting onsite, it was determined that the residents do not have mailing addresses and phone numbers to the outside reporting, victim advocacy and emotional supportive services. Additionally, it should be noted that the Superintendent reported that they do not go through the resident's mail.</p> <p data-bbox="244 2096 1430 2154">Corrective Action: During the post onsite audit phase the facility updated its PREA posters and Youth Handbook to add telephone numbers and addresses for the victim advocacy and emotional support to the current posters.</p>

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

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall inform youth, prior to giving them access, of the extent to which such communications will be monitored as detailed in the Youth Handbook and sections 8.2, 8.3 and 8.4 of this Operational Manual and reported in accordance with mandatory reporting laws" (p. 10).

Documentation Reviewed

Youth Handbook/Updated Handbook

Updated PREA Poster

Interviews

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

Upon review of the youth and handbook and observation of the posting onsite, it was determined that the residents do not have mailing addresses and phone numbers to the outside reporting, victim advocacy and emotional supportive services.

Corrective Action: During the post onsite audit phase the facility updated its PREA posters and Youth Handbook to add telephone numbers and addresses for the victim advocacy and emotional support to the current posters.

115.353 (c). As reported in the PAQ, the agency or facility maintains memoranda of understanding or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

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

The auditor reviewed the MOA with the Child Advocacy Center along with a PREA Counseling Support Agreement. The MOA provides guidance that the child advocacy center will provide victims of sexual abuse crisis intervention, emotional support and referral for additional services if necessary.

Documentation Reviewed

MOU-Child Advocacy Center of East Central Missouri

PREA Counseling Support Agreement

Interviews

Advocacy Center: The auditor contacted the local victim advocacy center. The advocacy center reported that they provide forensic interviews, advocacy, follow-ups, court advocacy, and case tracking. It was further reported that they had not received any allegations of sexual abuse or sexual harassment from the facility in the last 12 months related to the facility.

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

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

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians in accordance with the Youth Handbook and sections 7.1, 8.2, 8.3 and 8.4 of this Operational Manual" (p. 10).

Documentation Reviewed

Youth Handbook

Interviews

Superintendent or Designee: The interviewed superintendent reported that juveniles shall have access to confidential contact with attorneys, or other authorized representatives through telephone, video conferencing, uncensored correspondence and

personal visits. Authorized representatives include, but not limited to, guardian ad litem and court appointed special advocates. There is an attorney conference room and a large conference room available for private conferences between the juvenile and the attorney or authorized representative.

In addition, the juvenile is allowed an initial visit with their parent/guardian as soon as possible after the juvenile arrives. A juvenile may make a minimum of three telephone calls per week to parents/guardians. Visits can be traded for phone calls.

Resident Interview Questionnaire: When the interviewed residents were asked whether the facility allowed them to see or talk to their lawyer privately. Most of the residents stated yes, some of the residents reported that they are not sure how private the conversation would be over the telephone. The residents stated that they are also allowed to talk to their parents, however again most of the residents were not sure how private the call would be due to staff presence.

Onsite Observation: During the onsite inspection the auditor observed that the residents have a private room in which they can meet with their attorneys. It was further reported that the residents all have attorneys assigned to them. There is minimal privacy when talking with the parents as staff are providing some level of monitoring during visitation. Additionally, the residents have to have permission to use phone.

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

Corrective Action and Conclusion:

Corrective Action: During the post onsite audit phase the facility updated its PREA posters and Youth Handbook to add telephone numbers and addresses for the victim advocacy and emotional support to the current posters.

115.354	Third-party reporting
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 331 416 358">1. Documents: <li data-bbox="244 389 643 416">a. Policy: Prison Rape Elimination Act <li data-bbox="244 448 451 474">b. PREA Pamphlet <li data-bbox="244 506 600 533">c. PREA 3rd Party Report Poster <p data-bbox="244 564 483 591">Findings (By Provision):</p> <p data-bbox="244 622 1484 913">115.354 (a). As reported in the PAQ, the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. It was further reported that REA Posters and PREA Pamphlets are located in the waiting area room (open and accessible to the public during regular business hours) and in the parent/guardian visitation area. The PREA Brochure and PREA Poster have contact information to Farmington PD, MO Child Abuse Hotline and the SFCJDC so a third-party individual can report any concerns of sexual harassment or abuse that may have occurred at SFCJDC. Any reports from an agency or an individual to the SFCJDC shall be documented immediately. SFCJDC shall then contact the Detention Superintendent immediately, as well as Farmington PD (if they haven't been contacted already) and the MO Child Abuse Hotline.</p> <p data-bbox="244 945 1477 1008">During the onsite portion of the audit the auditor observed the flyers for the crisis hotlines, DFS hotline, parent pamphlet and PREA poster in the waiting area and on the resident living units.</p> <p data-bbox="244 1039 502 1066">Documentation Reviewed</p> <p data-bbox="244 1097 408 1124">PREA Pamphlet</p> <p data-bbox="244 1155 560 1182">PREA 3rd Party Report Posters</p> <p data-bbox="244 1214 1471 1276">A review of the appropriate documentation and relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1308 584 1335">Corrective Action and Conclusion:</p> <p data-bbox="244 1366 1420 1429">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 387 596 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 445 643 474">b. Policy: Prison Rape Elimination Act <li data-bbox="244 504 839 533">c. Policy: Child Abuse and Neglect Reporting Procedures <li data-bbox="244 562 616 591">d. Staff PREA Refresher Training-8 <li data-bbox="244 620 730 649">e. State of Missouri Mandatory Reporting Laws <li data-bbox="244 678 400 707">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="244 736 564 766">a. Random sample of staff -11 <li data-bbox="244 795 632 824">b. Medical and mental health staff - 2 <li data-bbox="244 853 448 882">c. Superintendent <p data-bbox="244 911 483 940">Findings (By Provision):</p> <p data-bbox="244 969 1477 1155">115.361 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="244 1187 1489 1583">Policy: The Prison Rape Elimination Act policy states that "As stated in section 3.1 (0) of this Operations Manual, all SFCJDC employees are mandated reporters: "To ensure the safety of the juveniles in the facility, all suspected incidents of child abuse or neglect, whether they may have occurred prior to admission or during the juvenile's stay, shall be reported immediately to the shift supervisor and the Detention Superintendent. A telephone call will then immediately be made to the Children's Division Hotline at 1-800-392-3738 (or a report will be made online for non-emergency reports.) As a mandated reporter, by law, anyone who knows or suspects that an incident of alleged child abuse or neglect has occurred must initiate or cause to be initiated a report to the Children's Division Hotline. Any person making a good faith report shall have immunity from any liability, civil or criminal, that otherwise might result by reason of such actions. As a mandated reporter, failure to hotline suspected abuse or neglect is a Class A Misdemeanor. The Detention Superintendent shall initiate a thorough investigation of any allegations of child abuse or neglect involving an employee by notifying the appropriate law enforcement agency. The Detention Superintendent shall administer appropriate disciplinary actions, which may include suspension, dismissal, and/or criminal prosecution (p, 8)".</p> <p data-bbox="244 1615 1485 1774">The policy further states that "SFCJDC shall require all employees to respond and report immediately in accordance with section 3.1 and General Policy: Code Of this of this Operational Manual, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any .residential/detention facility; retaliation against youth or employee Who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation" (p. 10).</p> <p data-bbox="244 1805 965 1834">In addition, the auditor reviewed the Missouri Mandatory Reporting laws.</p> <p data-bbox="244 1863 347 1892">Interviews</p> <p data-bbox="244 1921 1474 2047">Random Sample of Staff – All of the interviewed staff reported that everyone is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="244 2078 1469 2136">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws. The auditor reviewed the State of Missouri Mandatory Reporting Laws.

Policy: The Prison Rape Elimination Act policy states that "As stated in section 3.1 (0) of this Operations Manual, all SFCJDC employees are mandated reporters: "To ensure the safety of the juveniles in the facility, all suspected incidents of child abuse or neglect, whether they may have occurred prior to admission or during the juvenile's stay, shall be reported immediately to the shift supervisor and the Detention Superintendent. A telephone call will then immediately be made to the Children's Division Hotline at 1-800-392-3738 (or a report will be made online for non-emergency reports.) As a mandated reporter, by law, anyone who knows or suspects that an incident of alleged child abuse or neglect has occurred must initiate or cause to be initiated a report to the Children's Division Hotline. Any person making a good faith report shall have immunity from any liability, civil or criminal, that otherwise might result by reason of such actions. As a mandated reporter, failure to hotline suspected abuse or neglect is a Class A Misdemeanor. The Detention Superintendent shall initiate a thorough investigation of any allegations of child abuse or neglect involving an employee by notifying the appropriate law enforcement agency. The Detention Superintendent shall administer appropriate disciplinary actions, which may include suspension, dismissal, and/or criminal prosecution (p, 8)".

The Child Abuse and Neglect Reporting Procedures policy provides additional guidance on how all suspected incidents of child abuse or neglect shall be reported immediately and the steps to make the report as a mandated reporter.

Documentation Reviewed

State of Missouri Mandatory Reporting Laws

Interviews

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

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

The staff consistently reported that they were trained on initial hire and that they receive annual training. When probed the staff were able to describe things like the common reactions of victims, what to look for, and how to respectfully talk to residents who may be lesbian, gay, bisexual, transgender or gender non-conforming.

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

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

Policy: The Prison Rape Elimination Act policy states that "SFCJDC shall require all employees to respond and report immediately in accordance with section 3.1 and General Policy: Code Of this of this Operational Manual, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee Who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation" (p. 10).

Interviews

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

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

115.361 (d). Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they are required to report any knowledge suspicion or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor immediately upon learning of an incident. The staff also reported that they notify the residents at the beginning of services any limitations. Both of the interviewed staff reported that they are unaware of any sexual abuse or sexual harassment incidents happening.

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

115.361 (e). Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Interviews

Superintendent or Designee: The interviewed superintendent reported that when there is an allegation of sexual abuse, they would contact Farmington Police Department, MO Children's Division Hotline, parents/legal guardians, Chief Juvenile Officer, and the youth's DJO. Such reports would be made immediately. On average, notifications of an alleged sexual abuse could be made to the appropriate parties as soon as possible and for some parties no longer than a week.

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

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

Interviews

Superintendent or Designee: The interviewed superintendent reported that all allegations are reported to Farmington Police Department and MO Children's Division Hotline. The Chief Juvenile Officer will also be notified.

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

Corrective Action and Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Superintendent c. Random sample of staff - 11 <p>Findings (By Provision):</p> <p>115.362 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>Policy: The Prison Rape Elimination Act states that "when SFCJDC learns that a youth is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the youth (assess and implement appropriate protective measures without delay)" (p. 10).</p> <p>In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>Interviews</p> <p>Agency Head - The agency head reported that when they learn that a resident is subject risk of imminent sexual abuse, the staff would immediately separate the resident from the individual, reassign rooms, monitor the resident closely and offer counseling services.</p> <p>Superintendent or Designee: The interviewed staff reported that when we learn that resident is at substantial risk of imminent sexual abuse, staff would immediately separate the residents from the individuals who are the imminent risk to the resident. Will place the resident in a separate group/reassign rooms. Staff will monitor the resident closely and offer counseling services. Staff response would be immediately.</p> <p>Random Sample of Staff: The interviewed staff reported that when they learn that a resident is at risk of imminent sexual abuse the actions taken to protect the residents include move the residents into a different room, change the groups assigned, keep involved parties separated, monitor, report, and document.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 331 643 645" style="list-style-type: none"> Documents: <ol style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) Policy: Prison Rape Elimination Act Interviews: <ol style="list-style-type: none"> Agency head Superintendent <p data-bbox="244 676 1477 801">115.363 (a). As reported in the PAQ the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="244 833 1477 1025">Policy: The Prison Rape Elimination Act policy states that “. If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager. The PREA Compliance Manager shall also notify the appropriate investigative agency as well. Allegations received from other agencies or facilities are investigated in accordance with the PREA standards” (p. 12).</p> <p data-bbox="244 1057 1457 1115">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p data-bbox="244 1146 1469 1205">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1236 1469 1361">115.363 (b). As reported in the PAQ, agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Per the PAQ, there were zero allegations of sexual abuse received at the facility which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at facility during the reporting period.</p> <p data-bbox="244 1393 1469 1585">Policy: The Prison Rape Elimination Act Policy states that “If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager. The PREA Compliance Manager shall also notify the appropriate investigative agency as well. Allegations received from other agencies or facilities are investigated in accordance with the PREA standards” (p. 12).</p> <p data-bbox="244 1617 1469 1675">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1706 1469 1765">115.363 (c). As reported in the PAQ, the agency or facility documents that it would provide such notification within 72 hours of receiving the allegation.</p> <p data-bbox="244 1796 1469 1989">Policy: The Prison Rape Elimination Act Policy states that “If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager. The PREA Compliance Manager shall also notify the appropriate investigative agency as well. Allegations received from other agencies or facilities are investigated in accordance with the PREA standards” (p. 12).</p> <p data-bbox="244 2020 1457 2078">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0; therefore, zero notifications were made.</p> <p data-bbox="244 2110 1425 2136">115.363 (d). As reported in the PAQ, the agency or facility requires that all allegations received from other agencies or</p>

facilities are investigated in accordance with the PREA standards.

Policy: The Prison Rape Elimination Act Policy states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager. The PREA Compliance Manager shall also notify the appropriate investigative agency as well. Allegations received from other agencies or facilities are investigated in accordance with the PREA standards" (p. 12).

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Interviews

Agency Head – The interviewed agency head reported that if another agency or a facility within your agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, we would have the FPD and Children's Division to investigate any allegations no matter where the resident is located. In addition, we would have the detention superintendent involved with serving as the point of contact. As an agency we have not had any allegations.

Superintendent or Designee: The interviewed superintendent reported that if the facility receives an allegation from another facility that sexual abuse or sexual harassment occurred at their facility, such allegations would be documented and reported to the Farmington Police Department and MO Children's Hotline. The Chief Juvenile Officer will also be notified. We do not have any examples of such allegations.

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

Corrective Action and Conclusion:

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

115.364	Staff first responder duties
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 329 1042 584" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act 2. Interviews: <ol style="list-style-type: none"> a. Random sample of staff/Security and non-security staff first responders - 11 <p data-bbox="244 613 464 642">Findings by Provision:</p> <p data-bbox="244 672 1485 1037">115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="244 1066 1485 1193">Policy: The Prison Rape Elimination Act Policy provides guidance on the first responder duties. The policy further states that "Upon receiving notice of an incident of sexual abuse by a child/youth, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the child/youth is safe and kept separated from the perpetrator, immediately notify their Supervisor, and:</p> <ul data-bbox="244 1223 1445 1400" style="list-style-type: none"> · Ensure child/youth (victim and perpetrator) does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until after all physical evidence is obtained in connection with the violation; and · Secure the incident area and treat it as a crime scene; and · Contact the appropriate law enforcement agency (Farmington Police Department) (pp.10-11). <p data-bbox="244 1429 1477 1556">It was further reported in the PAQ that the policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="244 1585 1114 1615">In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="244 1644 1414 1704">In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</p> <p data-bbox="244 1733 1477 1827">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0</p> <p data-bbox="244 1856 1485 1984">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0</p> <p data-bbox="244 2013 1477 2141">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0</p>

Documentation Reviewed

First Responder Protocols for Sexual Abuse

Incident Report (blank)

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

115.364 (b). As reported in the PAQ the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. It should also be noted that all facility staff are considered first responders.

Policy: The Prison Rape Elimination Act policy states that "If the first staff responder is not a Detention Aide (e.g., Food Service Worker), that staff member shall request that the alleged victim not take any actions that could destroy physical evidence and that the staff member immediately notify a Detention Aide staff member or supervisor" (p. 11).

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders: The interviewed staff reported that if they are the first person on the scene and they have been alerted to have been a victim of sexual abuse, it is there responsibility to start the first responder checklist to include: calling law enforcement, notifying the superintendent, make sure the victim is safe, keep involved parties separated, contact the nursing staff, and don't allow them to drink or brush teeth. When probed staff reported that they would not share the information with other juveniles or unnecessary staff.

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

Corrective Action and Conclusion:

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Checklist for an Incident of Sexual Abuse 2. Interviews: <ol style="list-style-type: none"> a. Superintendent <p>Findings (By Provision):</p> <p>115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Checklist for an Incident of Sexual Abuse provides guidance on the written institutional plan. The Coordinated Response informs the following staff on their responsibilities: First Responder, Immediate Supervisor, Facility Superintendent, Medical staff, Counselor/Advocate and the Outside Supportive services. In the event of an incident staff are expected to complete an Incident Report Form.</p> <p>Documentation Reviewed</p> <p>Checklist for an Incident of Sexual Abuse</p> <p>First Responder Checklist.</p> <p>Interviews</p> <p>Superintendent or Designee: The interviewed superintendent reported that staff would follow the first responder checklist if there is an incident of sexual abuse.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) 2. Interviews: <ol style="list-style-type: none"> a. Agency head <p>Findings (By Provision):</p> <p>115.366 (a). N/A-As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency, or any governmental entity is not responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012.</p> <p>115.366 (b). Auditor is not required to audit this provision.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.367	Agency protection against retaliation
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 329 887 757" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Sexual Abuse Retaliation Monitoring 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. Superintendent c. Designated staff member charged with monitoring retaliation <p data-bbox="244 786 483 815">Findings (By Provision):</p> <p data-bbox="244 844 1484 972">115.367 (a). As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. In addition, the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section.</p> <p data-bbox="244 1001 823 1030">Policy: The Prison Rape Elimination Act Policy states that:</p> <p data-bbox="244 1059 1473 1220">SFCJDC provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the Detention Superintendent or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. Section 7.3 of this Operations Manual provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.</p> <p data-bbox="244 1249 1484 1411">For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, room assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation.</p> <p data-bbox="244 1440 1337 1469">SFCJDC's obligation to monitor shall terminate if SFCJDC determines that the allegation is unfounded (p. 12).</p> <p data-bbox="244 1498 1473 1561">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1590 1479 1684">115.367 (b). The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="244 1713 1476 1776">The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment.</p> <p data-bbox="244 1805 501 1834">Documentation Reviewed</p> <p data-bbox="244 1863 743 1892">Sexual Abuse Retaliation Monitoring (Blank Form)</p> <p data-bbox="244 1921 347 1951">Interviews</p> <p data-bbox="244 1980 1485 2141">Agency Head – The interviewed agency head reported that the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by having the detention superintendent monitor the conduct and treatment of involved parties and would respond promptly. Monitor would include periodic status checks, keep parties separate, access counseling services on an ongoing basis. Staff would be subject to disciplinary action. We would also look at housing/room changes.</p>

Superintendent or Designee: The interviewed superintendent reported that she would monitor the conduct and treatment of any individual involved in a report incident and would act promptly to remedy any retaliation. Monitoring steps include reviewing programming/group assignments and periodic status checks of the youth/employee. Staff will keep the alleged abusers separate from alleged victims. Victims will have access to counseling services on an ongoing basis. Staff involved in retaliation would be subject to disciplinary action. Monitoring would occur for at least 90 days or longer if needed.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if nonavailable): The interviewed staff reported that all staff will monitor the conduct and treatment of any individual involved in a reported incident and will act promptly to remedy any retaliation. The staff will report any suspected retaliation to shift supervisor and detention superintendent. They will also report to the Chief Juvenile Office if the Detention Superintendent is involved in retaliation concerns. Monitoring steps will include reviewing group/room assignments and periodic checks with youth. Staff will keep alleged abusers separated from alleged victims. Victims will have access to counseling services on an ongoing basis. The different measures that will be taken to protect residents and staff from retaliation include monitor the conduct and treatment of any individual in a reported incident and report promptly any retaliation by staff or youth; report any suspected retaliation to shift supervisor and detention superintendent. Report to Chief Juvenile Officer if Detention Superintendent if Detention Superintendent is involved in retaliation concerns; Review group/room assignments to see if any unfair/unjust assignments are occurring; complete period checks with the youth to see if they have concerns; keep alleged abusers separate from alleged victims by placing them in separate groups/assigning rooms that are not close to one another; and ensure victims have access to counseling services on an ongoing basis. Contact with the resident will occur on a daily basis.

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

115.367 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. It was further reported that the agency/facility acts promptly to remedy any such retaliation; and the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Policy: The Prison Rape Elimination Act Policy states that "For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, room assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation" (p. 12).

As reported in the PAQ, there were zero instances where the facility had to monitor for retaliation.

Interviews

Superintendent/Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if nonavailable): The interviewed staff reported that when they are looking for signs of retaliation, they will look for unfair/unkind treatment of individuals; complaints from individuals; and review group/room assignments to see if any unfair/unjust assignments are occurring. Monitoring will look at resident conduct violation reports, logbook for incidents of loss of free time, behaviors of individuals, group/room assignments, status checks with residents, changes in programming, and the detention superintendent will review any negative performance reviews completed by shift supervisors. Monitoring will occur for 90 days or longer, based on the continued need. If there are any identified concerns, monitoring will go on as long as the involved youth are in detention, or the staff is employed.

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

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

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if Non available): The interviewed staff reported that when they are looking for signs of retaliation, they will look for unfair/unkind treatment of individuals; complaints from individuals; and review group/room assignments to see if any unfair/unjust assignments are occurring. The interviewed staff reported that when they are looking for signs of retaliation, they will look for unfair/unkind treatment of individuals; complaints from individuals; and review group/room assignments to see if any unfair/unjust assignments are occurring.

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

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

Documentation Reviewed

Sexual Abuse Retaliation Monitoring (Blank Form)

Interviews

Agency Head – The interviewed agency head reported that if an individual who cooperates with an investigation expresses fear of retaliation the detention superintendent would monitor the conduct and treatment of involved parties and would respond promptly. Monitor would include periodic status checks, keep parties separate, access counseling services on an ongoing basis. Staff would be subject to disciplinary action if we found retaliation. This would also apply to residents. We would also look at housing/room changes. Overall staying involved and remedied any issues.

Superintendent/Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if nonavailable): The interviewed staff reported that the detention superintendent will monitor the conduct and treatment of any individual in a reported incident and will act promptly to remedy any retaliation. Monitoring steps will include reviewing group/room assignments and periodic status checks with the youth/employee. Staff will keep alleged abusers separate from alleged victims. Victims will have access to counseling services on an on-going basis. Staff involved in retaliation will be subject to disciplinary action. Monitoring will occur for 90 days or longer. Monitoring will include reviewing group/room assignments, interview staff/youth, review performance reviews, keep suspected "offender of retaliation", separate from victim (s)/witness (es). If confirmed, staff will be subject to disciplinary action. Youth will be subject to consequences.

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

115.367 (f). The auditor is not required to audit this provision.

Corrective Action and Conclusion:

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

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: The Prison Rape Elimination Act 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. Medical and mental health staff - 2 <p>Findings (By Provision):</p> <p>115.368 (a). As reported in the PAQ, the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. It was further reported that the facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "Youth at risk for sexual victimization, or those who have alleged to have suffered sexual. abuse, will only be placed in isolation or separation as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply, at a minimum" (p. 8).</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0</p> <p>The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0</p> <p>From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the resident's safety, and • The reason or reasons why alternative means of separation cannot be arranged: 0</p> <p>Interviews</p> <p>Superintendent or Designee: The interviewed superintendent reported that the facility does not use isolation and if there was any need a less restrictive measure would be temporarily used.</p> <p>Medical and Mental Health Staff: The interviewed medical and mental health staff reported that the juvenile detention center does not use isolation. However, if it were to occur the residents would receive the necessary medical and mental health services.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion:</p> <p>The facility shall update policy to ensure language reflective of the standard applies. The policy was updated, there is no further action needed.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Policy: Investigations, Discipline, Data Storage d. Memo: Missouri Department of Social Services (dated February 16, 2022) 2. Interviews: <ol style="list-style-type: none"> a. Superintendent b. PREA coordinator c. Investigative Staff <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall refer all allegations of sexual abuse and sexual harassment to the Farmington Police Department and the MO Child Abuse Hotline. SFCJDC has conveyed the PREA requirements to Farmington Police Department. When outside agencies investigate sexual abuse and sexual harassment, SFCJDC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (pp. 12-13).</p> <p>A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".</p> <p>As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.</p> <p>The PAQ further reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Documentation Reviewed</p> <p>Memo: Missouri Department of Social Services (dated February 16, 2022)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed outside agency investigative staff reported that the upon the allegation being reported the investigators have a three-hour emergency and a 24-hour response time to investigation an allegation of sexual abuse. The sexual harassment allegations are handled the same as any other report. Children's Division will still accept the reports through the hotline and OHI will respond to the calls.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.371 (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. Per the PAQ, the facility reported having zero staff who are trained investigators.</p>

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the agency investigators do not receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings; however, the agency has other sexual abuse investigation trainings that are helpful in investigating sexual abuse. OHI investigators have a minimum of 20 hours of 210 training per year. We receive trainings specific to child abuse and sexual abuse several times per year and they are sent out to investigators to attend if they haven't had the specific training yet. Also, they attend Stat Team trainings for sexual abuse when they are offered, and investigators are able to attend. We send investigators to Child First Trainings yearly where they are trained on investigating sexual abuse.

Our Training Unit is in the process of developing a means for our investigators to receive credit for the PREA Training, but we do not have that ability yet. Once we are able to get credit the investigators will attend the Specialized. The training topics include:

1. We have had trainings on interviewing juvenile perpetrators in the past.
2. OHI does not Mirandize the alleged perpetrators and that is done by law enforcement. We co-investigate with law enforcement.
3. Evidence collection is covered in most STAT Team Trainings and in the Child First Trainings.
4. The criteria to substantiate would also be covered in the STAT Team Trainings and Child First Trainings. Children's Division legal aspects training is a mandatory training for investigators and also covers criteria to substantiate.

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

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

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the first step in initiating an investigation would be to gather preliminary information. We would check prior reports and view any victim or witness statements to identify people who we should talk to next and what our next steps should be. The investigation process is done by gathering evidence, interviewing anyone who may have had knowledge of the incident or who may have been involved with the incident. Such as the victim, the alleged perp, witnesses, and anyone else who may have been involved. This is all done through a co-investigation with law enforcement. Who would handle direct or circumstantial evidence is done on a case by case of course? Video footage would be gathered, any statements from anyone involved or that was a witness. Phone calls that were monitored as well as any handwritten materials or letters. DNA could be a possibility in some cases if the abuse occurred shortly before it was reported.

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

115.371 (d). As reported in the PAQ the facility does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy: The Investigations, Discipline, Data Storage Policy states that "SFCJDC will not terminate an investigation solely because the source of the allegation recants the allegation. A standard of a preponderance of the evidence will be used for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Detention Superintendent will coordinate with local law enforcement and MO Children's Division to sure that substantiated allegations of conduct that appear to be criminal are referred for prosecution. SFCJDC will retain will written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by DFCJDC, plus five years (p. 19).

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the investigation is not terminated if the source of the allegation recants his/her allegation. We would continue our investigation into the allegations. There are many reasons that a child may recant which we are well aware of and will still investigate as normal if this occurred.

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

115.371 (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.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that when the investigator discovers evidence that a prosecutable crime have taken place, we co-investigated with law enforcement so we could have a meeting with the prosecutor about the case prior to but normally we would gather evidence prior to a meeting with the prosecutor unless there is a reason to meet beforehand such as a conflict or an issue we think may impede our investigation. The prosecutor can be spoken with at any time though throughout our process that we feel it is warranted.

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

115.371 (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.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the credibility of alleged victims, suspects, or witnesses is done using an unbiased approach.

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

115.371 (g). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (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.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the efforts that would be made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include the Children's Division OHI investigate as normal if staff were involved. We would still conduct our interviews and gather evidence as in any other investigation and still make a finding whether we feel that staff member committed abuse or failed to act in some way. Yes, we would document all evidence just as any other investigation. We would always include statement of witnesses, victims, and the alleged perpetrators. We would also document any other evidence we gathered throughout out case. We would also want a complete and thorough investigation into the circumstances that were alleged to have occurred.

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

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

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that all of the facts are documented and recorded in a narrative form. All evidence is gathered, collected, and kept formulating our report. Physical evidence that must be stored and processed is kept by law enforcement. Children's Division is limited to keeping our narrative on the situation and photos. Law enforcement would be responsible for submitting a probable cause to the prosecuting attorney if needed in these investigations.

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

115.371 (i). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Policy: The Investigations, Discipline, Data Storage Policy states that "SFCJDC will not terminate an investigation solely because the source of the allegation recants the allegation. A standard of a preponderance of the evidence will be used for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Detention Superintendent will coordinate with local law enforcement and MO Children's Division to sure that substantiated allegations of conduct that appear to be criminal are referred for prosecution. SFCJDC will retain will written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or

employed by DFCJDC, plus five years (p. 19).

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that we co-investigate with law enforcement so our partners in law enforcement would refer the case over for prosecution. We can assist in any way by going to court to testify or other means, but we do not actually write up the probable cause statement and submit to the prosecutor. We would give a copy of our report to the prosecutor if it was a substantiated case.

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

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

Policy: The Investigations, Discipline, Data Storage Policy states that "SFCJDC will not terminate an investigation solely because the source of the allegation recants the allegation. A standard of a preponderance of the evidence will be used for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Detention Superintendent will coordinate with local law enforcement and MO Children's Division to sure that substantiated allegations of conduct that appear to be criminal are referred for prosecution. SFCJDC will retain will written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by DFCJDC, plus five years (p. 19).

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

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that Children's Division does not have the ability to stop an investigation prior to completion for any reason if it rises to the level of abuse or neglect. We would carry out our duties and would conduct the investigation as normal if the person terminated employment with the facility. If the victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation, Children's Division would continue with the investigation and would still conduct just as the child was still in the facility. This would not impede our investigation in anyway.

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

115.371 (l). N/A

115.371 (m). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Interviews

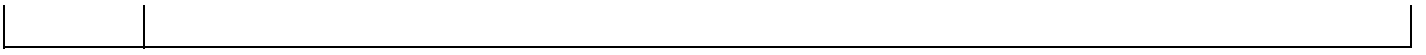
Superintendent/PREA Coordinator: The interviewed PREA Coordinator reported that when the outside agency investigates allegations of sexual abuse or sexual harassment, they remain in contact with the agency to stay informed of the progress of the investigation and request updates.

Investigative Staff: The interviewed outside agency investigative staff reported that when another agency is involved in the investigation, we would have open communication between the facility and outside parties. We would share information if this was a law enforcement agency. We would assist in setting up interviews and coordinate between the facility and the outside agency to assist in any way possible. Children's Division does have to maintain confidentiality throughout our investigation but if the agency has a legal reason for our reports and findings then we would assist in any way possible.

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

Corrective Action and Conclusion:

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



115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Policy: Prison Rape Elimination Act b. Policy: Investigations, Discipline, Data Storage c. Memo: Missouri Department of Social Services (dated February 16, 2022) <p>Interviews</p> <p>Investigative Staff-1</p> <p>Findings (By Provision):</p> <p>115.372 (a). The facility reported in the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy: The Investigations, Discipline, Data Storage Policy states that "SFCJDC will not terminate an investigation solely because the source of the allegation recants the allegation. A standard of a preponderance of the evidence will be used for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Detention Superintendent will coordinate with local law enforcement and MO Children's Division to sure that substantiated allegations of conduct that appear to be criminal are referred for prosecution. SFCJDC will retain will written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by DFCJDC, plus five years (p. 19).</p> <p>A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".</p> <p>Documentation Reviewed</p> <p>Memo: Missouri Department of Social Services (dated February 16, 2022)</p> <p>Interviews</p> <p>Investigative Staff: The interviewed outside agency investigative staff reported that the Children's Division OHI's standard of evidence is preponderance of evidence.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. PREA Post Investigation Resident Notification Form 2. Interviews: <ol style="list-style-type: none"> a. Superintendent <p>Findings (By Provision):</p> <p>115.373 (a). As reported in the PAQ, the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "Following an investigation into a youth's allegation of sexual abuse suffered in a residential facility, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded" (pp. 13).</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0</p> <p>While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.</p> <p>Documentation Reviewed</p> <p>Post Investigation Resident Notification Form</p> <p>Interviews</p> <p>Superintendent or Designee: The interviewed superintendent reported that residents are notified on the results of the outcome of the investigation by using the Investigation Notification Form.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.373 (b). As reported in the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "Following an investigation into a youth's allegation of sexual abuse suffered in a residential facility, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded" (pp. 13).</p> <p>The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0</p> <p>Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.373 (c). The facility reported in the PAQ that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the</p>

allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Prison Rape Elimination Act Policy states that "following a youth's allegation that an employee member has committed sexual abuse against the youth, the PREA Compliance Manager shall subsequently inform the youth (unless SFCJDC has determined that the allegation is unfounded) whenever:

- The employee is no longer assigned to the youth's treatment team.
- The employee is no longer employed at the facility.
- SFCJDC learns that the employee has been charged with a law violation related to a sexual abuse incident within the facility; or
- SFCJDC learns that the employee has been convicted of a law violation related to a sexual abuse incident within the facility (p. 13).

There has been zero substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.

Documentation Reviewed

Post Investigation Resident Notification Form

115.373 (d). The facility reported in the PAQ that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.

Policy: The Prison Rape Elimination Act Policy states that "following a youth's allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform the alleged victim whenever:

- SFCJDC learns that a petition has been filed against the alleged abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or
- SFCJDC learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility (p.10).

Documentation Reviewed

Post Investigation Resident Notification Form

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

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented.

Policy: The Prison Rape Elimination Act Policy states that "the PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes" (p. 13).

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.

Documentation Reviewed

Post Investigation Resident Notification Form

115.373 (f). The auditor is not required to audit this provision.

Corrective Action and Conclusion:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:

- a. Pre-Audit Questionnaire (PAQ)
- b. Policy: Prison Rape Elimination Act
- c. Policy: Investigations, Discipline, Data Storage

Findings (By Provision):

115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies.

Policy: The Prison Rape Elimination Act policy states that "SFCJDC employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in Court Operating Rule 7, section 3.1 and General

Policy: Code of Ethics in this Operations Manual" (p. 13), provides further guidance on disciplinary sanctions.

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

115.376 (b). Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0.

In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

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

Policy: The Investigations, Discipline, Data Storage Policy states that "the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories" (p. 19).

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

Documentation Reviewed

Sample Performance Evaluation (Disciplinary Sanction Form)

Employee Corrective Action Form

115.376 (d). According to the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy: The Investigations, Discipline, Data Storage Policy states that "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, will be reported to local law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies" (p. 19).

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Corrective Action and Conclusion:

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

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:
	1. Documents: a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act
	2. Interviews: a. Superintendent
	Findings (By Provision): 115.377 (a). As reported in the PAQ, the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Policy: The Prison Rape Elimination Act Policy states that “any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies” (p. 14). In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0. Documentation Reviewed Additional sample documentation of notifications. 115.377 (b). As reported in the PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy: The Prison Rape Elimination Act Policy states that SFCJDC shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer (p. 14). Interviews Superintendent or Designee: The interviewed superintendent reported that in cases of violations of sexual abuse or sexual harassment, the facility will document the information and report all allegations to the Farmington Police Department and MO Children’s Division Hotline. In addition, we would contact any relevant licensing bodies to prohibit further contact with youth. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. Corrective Action and Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 331 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 389 596 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 445 643 472">b. Policy: Prison Rape Elimination Act <li data-bbox="244 504 756 530">c. Policy: Investigations, Discipline, Data Storage <li data-bbox="244 562 403 589">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="244 620 443 647">a. Superintendent <li data-bbox="244 678 632 705">b. Medical and mental health staff - 2 <p data-bbox="244 736 483 763">Findings (By Provision):</p> <p data-bbox="244 795 1485 920">115.378 (a). As reported in the PAQ, residents are 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; and residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="244 952 1469 1046">Policy: The Prison Rape Elimination Act policy states that "youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process (Section 9 of this Operational Manual), following an administrative finding that youth engaged in sexual abuse or sexual harassment; or following a criminal finding of guilt of sexual abuse or sexual harassment" (p. 14).</p> <p data-bbox="244 1077 1469 1135">In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p data-bbox="244 1167 1485 1225">In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p data-bbox="244 1256 1469 1314">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted</p> <p data-bbox="244 1346 1493 1543">115.378 (b). Per the PAQ, in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="244 1574 1453 1736">Policy: The Investigations, Discipline, Data Storage Policy states that "in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the resident in isolation will have daily access to large muscle exercise, legally required educational programming, and special education services, if they are not an imminent danger to their self or others. Residents in isolation will also have daily access to SFCJDCs contracted nurse or contracted licensed counselor, as needed" (p. 19).</p> <p data-bbox="244 1767 1461 1825">In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0</p> <p data-bbox="244 1856 1461 1951">In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0</p> <p data-bbox="244 1982 1461 2040">In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0</p> <p data-bbox="244 2072 347 2098">Interviews</p> <p data-bbox="244 2130 1422 2157">Superintendent or Designee: The interviewed superintendent reported that the disciplinary sanctions that residents are</p>

subject to following an administrative or criminal findings that the resident engaged in resident-on-resident sexual abuse include loss of privilege. Such sanctions are proportionate to the nature and circumstances of the abuses committed, the resident's disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. The mental disability/illness will be taken into consideration. The setup of the facility does not allow for complete isolation/separation.

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

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

Interviews

Superintendent or Designee: The interviewed superintendent reported that the disciplinary sanctions that residents are subject to following an administrative or criminal findings that the resident engaged in resident-on-resident sexual abuse include loss of privilege. Such sanctions are proportionate to the nature and circumstances of the abuses committed, the resident's disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. The mental disability/illness will be taken into consideration. The setup of the facility does not allow for complete isolation/separation.

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

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

Policy: The Prison Rape Elimination Act policy states that:

If the Sexual Assault Victim/Assailant Checklist screening indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, SFCJDC employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the SAV/AC screening indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, SFCJDC employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law in accordance with sections 7.3 and General Policy: Code of Ethics of this Operations Manual. Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18 (p. 14).

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that the facility offers therapy, counseling, or intervention services designed to address or correct the underlying reasons or motivations for sexual abuse. The services are not tied to a rewards-based behavior management system, programs or education.

115.378 (e). As reported in the PAQ, the facility disciplines resident for sexual contact with staff only upon finding that the staff member did not, consent to such contact.

Policy: The Investigations, Discipline, Data Storage policy states that "SFCJDC prohibits all sexual activity between residents, SFCJDC deems such activity to constitute sexual abuse only if it is determined that the activity is coerced or if a resident has not reached the age of consent. Residents will be disciplined for sexual conduct with staff only if it is found that the staff member did not consent to such contact.

115.378 (f). As reported in the PAQ, the facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy: The Investigations, Discipline, Data Storage policy states that "SFCJDC prohibits disciplinary action for a report of

sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the allegation is determined to be unsubstantiated after an investigation" (p. 19).

115.378 (g). As reported in the PAQ, that facility prohibits sexual activity between residents. In addition, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Policy: The Investigations, Discipline, Data Storage policy states that "SFCJDC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the allegation is determined to be unsubstantiated after an investigation" (p. 19).

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

Corrective Action and Conclusion:

During the onsite audit phase, it was determined that the facility did not have policy language to address the provision. The policy was updated during the post audit phase. There is no further action needed.

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 329 857 815" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. SAVAC Sexual Assault/Victim Assailant Checklist d. Follow up with medical/mental health (2) 2. Interviews: <ol style="list-style-type: none"> a. Staff responsible for Risk Screening - 2 b. Medical and mental health staff – 2 c. Residents who reported a prior history of sexual abuse 1 <p data-bbox="244 844 483 873">Findings (By Provision):</p> <p data-bbox="244 902 1481 963">115.381 (a). As reported in the PAQ, residents at the facility who disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health practitioner.</p> <p data-bbox="244 992 1458 1120">Policy: The Prison Rape Elimination Act Policy states that "If the Sexual Assault Victim/Assailant Checklist screening indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, SFCJDC employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening".</p> <p data-bbox="244 1149 1481 1209">In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%.</p> <p data-bbox="244 1238 1490 1404">Immediately upon the conclusion of completing the intake forms, the residents complete the medical/mental health screening. The medical/mental health screening provides opportunity for the residents to request follow up services with mental health or medical. In addition, the resident handbook states that the residents at any time can seek additional supportive services. There was one current resident who reported a prior history of sexual victimization. A follow up with medical and mental health was provided.</p> <p data-bbox="244 1433 501 1462">Documentation Reviewed</p> <p data-bbox="244 1491 740 1520">SAVAC Sexual Assault/Victim Assailant Checklist</p> <p data-bbox="244 1550 651 1579">Follow Up with medical mental health (1)</p> <p data-bbox="244 1608 347 1637">Interviews</p> <p data-bbox="244 1666 1469 1794">Residents who Disclose Sexual Victimization at Risk Screening: There was one interviewed resident who reported a prior history of sexual abuse. The resident could not recall if someone offered to have them with a doctor or mental health practitioner related to their prior history of sexual abuse. It should be noted that the resident had arrived at the facility within the last week.</p> <p data-bbox="244 1823 1409 1852">Staff Responsible for Risk Screening: They would meet with the counselor within 10 days and medical within 5 days.</p> <p data-bbox="244 1881 1469 1942">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1971 1469 2031">115.381 (b). Per the PAQ, all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="244 2060 1452 2157">Policy: The Prison Rape Elimination Act Policy states that "If the SAV/AC screening indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, SFCJDC employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake</p>

screening" (p. 14).

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100. Immediately upon the conclusion of completing the intake forms, the residents complete the medical/mental health screening.

The medical/mental health screening provides opportunity for the residents to request follow up services with mental health or medical. In addition, the resident handbook states that the residents at any time can seek additional supportive services. There was one current resident who reported a prior history of sexual perpetration. A follow up with medical and mental health was provided.

Documentation Reviewed

Medical/Mental Health Screening Form

Resident Handbook

Follow Up with medical mental health (1)

Interviews

Staff Responsible for Risk Screening: The interviewed staff reported that if a risk screening indicates a prior history of sexual abuse or that a resident previously perpetrated sexual abuse, follow with mental health would occur within 10 days and medical within 5 days.

115.381 (c). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. It was further reported that the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Policy: The Prison Rape Elimination Act policy states that "any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law in accordance with sections 7.3 and General Policy: Code of Ethics of this Operations Manual" (p. 14).

115.381 (d). As reported in the PAQ, medical and mental health practitioners do obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Policy: The Prison Rape Elimination Act policy states that "Medical and mental health. practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18" (p. 14).

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they obtain informed consent from residents before reporting prior sexual victimization that occur did not occur in an institutional setting. Prior consent would be applicable to residents 18 and older. The residents under the age of 18 are notified of the mandated reporting requirements and any limitations to confidentiality.

Corrective Action and Conclusion:

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

115.382	Access to emergency medical and mental health services
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 986 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 387 596 416">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="244 445 643 474">b. Policy: Prison Rape Elimination Act <li data-bbox="244 504 587 533">c. MOA: Child Advocacy Center <li data-bbox="244 562 403 591">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="244 620 633 649">a. Medical and mental health staff - 2 <li data-bbox="244 678 461 707">b. Advocacy Center <p data-bbox="244 736 483 766">Findings (By Provision):</p> <p data-bbox="244 795 1493 1019">115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="244 1048 1485 1144">Policy: The Prison Rape Elimination Act policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis" (p. 15).</p> <p data-bbox="244 1173 1466 1234">It was further reported that there were no instances that occurred in the last 12 months. In addition, the facility has an MOA with the Child Advocacy Center which provides forensic medical and crisis intervention Services</p> <p data-bbox="244 1263 501 1292">Documentation Reviewed</p> <p data-bbox="244 1321 537 1350">MOA: Child Advocacy Center</p> <p data-bbox="244 1379 347 1408">Interviews</p> <p data-bbox="244 1438 1469 1565">Medical and Mental Health Staff: The interviewed medical and mental health staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The services are rendered timely, meaning immediately upon disclosure of abuse. It was further reported that the nature and scope of services is determined according to professional judgement.</p> <p data-bbox="244 1594 1453 1691">Advocacy Center: The auditor contacted the local victim advocacy center. The advocacy center reported that they provide forensic interviews, advocacy, follow-ups, court advocacy, and case tracking. It was further reported that they had not received any allegations of sexual abuse or sexual harassment from the facility in the last 12 months related to the facility.</p> <p data-bbox="244 1720 1469 1780">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1809 1474 1906">115.382 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="244 1935 1485 2101">Policy: The Prison Rape Elimination Act policy states that "The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the Detention Superintendent" (p. 15).</p> <p data-bbox="244 2130 1469 2159">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in</p>

compliance with the provisions of this standard. No corrective action is warranted.

115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility does not have onsite medical and mental health services. Such services would be contracted out or provided by community-based partners.

Policy: The Prison Rape Elimination Act policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis" (p. 15).

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (d). As reported in the PAQ, the treatment services are provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Policy: The Prison Rape Elimination Act Policy states that "forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 15).

Corrective Action and Conclusion:

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

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 331 879 757" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Policy: Health Care Services d. Policy: Access to Medical and Mental Health Care Services e. Physical and Mental Evaluation Form 2. Interviews: <ol style="list-style-type: none"> a. Medical and mental health staff - 2 <p data-bbox="244 788 483 815">Findings (By Provision):</p> <p data-bbox="244 846 1481 909">115.383 (a). As reported in the PAQ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="244 940 1481 1200">Policy: The Prison Rape Elimination Act Policy states that "The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with sections 7.17.3,14.2 and144 of this Operations Manual" (p. 15). The Health Care Services policy states that "within five days of the juvenile being admitted into detention the juvenile shall be examined by the facility nurse who will complete the Physical and Mental Health Evaluation Form. The Access to Medical and Mental Healthcare Services policy states that "a juvenile is screened for medical and mental health history and needs during the initial intake and again during the physical and mental evaluation performed by the staff nurse. If any time a juvenile expresses a need for physical or mental health care, we will assess the situation and follow up to make sure the juvenile receives the care they need" (p. 1).</p> <p data-bbox="244 1232 501 1258">Documentation Reviewed</p> <p data-bbox="244 1290 616 1317">Physical and Mental Evaluation Form</p> <p data-bbox="244 1348 1473 1411">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1442 1473 1532">185.383 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="244 1563 347 1590">Interviews</p> <p data-bbox="244 1621 1473 1711">Medical and Mental Health Staff: The interviewed medical and mental health staff reported that evaluation and treatment of resident victims would entail forensic interview, victim advocates, counseling, medical care, follow up services, treatment plans and referrals for continued care once they leave detention.</p> <p data-bbox="244 1742 1458 1805">115.383 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="244 1836 347 1863">Interviews</p> <p data-bbox="244 1895 1449 1957">Medical and Mental Health Staff: The interviewed medical and mental health staff reported that the resident victim would receive medical and mental health services consistent with community level of care.</p> <p data-bbox="244 1989 1449 2051">115.383 (d). As reported in the PAQ, female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p data-bbox="244 2083 1490 2168">Policy: The Prison Rape Elimination Act Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis" (p. 11). Furthermore, the Health Care Services policy provides guidance on the</p>

evaluation and treatment related to pregnancy related services.

115.383 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Policy: The Prison Rape Elimination Act Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis" (p. 11). Furthermore, the Health Care Services policy provides guidance on the evaluation and treatment related to pregnancy related services.

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. The victim would be provided information and access to services immediately upon finding out the victim is pregnant.

115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy: The Prison Rape Elimination Act Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis" (p. 11).

115.383 (g). As reported in the PAQ, treatment services are 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.

Policy: The Prison Rape Elimination Act Policy states that "forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 15).

115.383 (h). As reported in the PAQ, the facility, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy: The Prison Rape Elimination Act Policy states that "The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with sections 7.17.3,14.2 and144 of this Operations Manual" (p. 15).

Interviews

Medical and Mental Health Staff: The interviewed medical and mental health staff reported that they conduct mental health evaluations on all known resident on resident abusers and offer treatment as appropriate. The medical staff further reported that, as a registered nurse with 13+ years of psychiatric experience, I obtain a health history, physical exam, and psychiatric evaluation within 5 days of intake for all youth. I would recommend further evaluation or the need for treatment based upon evaluation and within my scope of practice. The counselor can also complete additional mental health evaluations as needed. It was further reported that residents would be sent to a hospital to receive immediate access to treatment.

Corrective Action and Conclusion:

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

115.386	Sexual abuse incident reviews
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="244 331 643 698" style="list-style-type: none"> Documents: <ol style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) Policy: Prison Rape Elimination Act Critical Incident Debriefing Interviews: <ol style="list-style-type: none"> Superintendent Incident review team - 2 <p data-bbox="244 730 483 757">Findings (By Provision):</p> <p data-bbox="244 788 1493 846">115.386 (a). As reported in the PAQ, the facility, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p data-bbox="244 878 1489 1070">Policy: The Prison Rape Elimination Act Policy states that "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include at a minimum the Detention Superintendent, shift supervisors, and detention aides that were working when the incident occurred, along with input from investigators, and medical or mental health providers" (p. 15).</p> <p data-bbox="244 1102 470 1128">The review team shall:</p> <ul data-bbox="244 1160 1460 1666" style="list-style-type: none"> Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 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. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings. Implement the recommendations for improvement or document the reasons for not doing so. <p data-bbox="244 1697 1469 1756">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0</p> <p data-bbox="244 1787 1485 1845">While the facility has not had a sexual abuse allegation, there is a form (Critical Incident Debriefing) that is used to document the incident review.</p> <p data-bbox="244 1877 502 1904">Documentation Reviewed</p> <p data-bbox="244 1935 509 1962">Critical Incident Debriefing</p> <p data-bbox="244 1993 1465 2051">115.386 (b). As reported in the PAQ, there were zero criminal and/or administrative investigations of alleged sexual abuse completed; and zero cases where a sexual abuse incident review occurred within 30 days.</p> <p data-bbox="244 2083 1465 2141">Policy: The Prison Rape Elimination Act Policy states that "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted, including when the allegation has not been substantiated, unless</p>

the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation" (p. 15).

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

115.386 (c). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy: The Prison Rape Elimination Act policy states that "the review team shall include at a minimum the Detention Superintendent, shift supervisors, and detention aides that were working when the incident occurred; along with input from investigators, and medical or mental health providers" (p. 15).

Documentation Reviewed

Critical Incident Debriefing

Interviews

Superintendent or Designee: The interviewed superintendent reported that the incident review team includes the superintendent, shift supervisors, counselor, nurse, necessary staff, and investigators can provide input.

115.386 (d). The facility reported in the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. The facility provided a document that would be used to document the incident reports (Critical Incident Debriefing).

The Prison Rape Elimination Act Policy states that:

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- 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.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings.
- Implement the recommendations for improvement or document the reasons for not doing so.

Documentation Reviewed

Critical Incident Debriefing

Interviews

Superintendent or Designee: The interviewed staff reported that the detention superintendent reported that they will review the incident review information and use the information to identify any problem areas to update/change policy and procedure and provide additional staff training. Any necessary changes will be made to prevent sexual abuse or sexual harassment. The review team will consider all of the below mentioned factors.

Incident Review Team: The interviewed staff reported that the incident review team will 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 was motivated or otherwise caused by other group dynamics at the facility. The team will examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area and determine whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The goal is to see what happened and how it could be prevented. We will take everything into consideration to see what happened. If an incident would occur video and audit footage would be reviewed. No incidents have occurred since

employment.

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

115.386 (e). The facility reported in the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so. The facility provided a document that would be used to report findings of implementation (Critical Incident Debriefing).

Policy: The Prison Rape Elimination Act policy states that “implement the recommendations for improvement or document the reasons for not doing so” (p. 16).

Documentation Reviewed

Critical Incident Debriefing

Corrective Action and Conclusion:

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

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. OSCA-PREA Data Collection Instrument d. Letter: Governor Assurance <p>Findings (By Provision):</p> <p>115.387 (a). As reported in the PAQ, the facility, reviewed data collected and aggregated under its direct control to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall collect and aggregate incident-based sexual abuse data at least annually and submit it to DYS for inclusion of its annual report to the USDOJ" (p. 16).</p> <p>The auditor reviewed OSCA-PREA Data Collection Instrument for the 2021 report. The report contains aggregate facility information, youth and youth incidents, and staff incidents.</p> <p>Documentation Reviewed</p> <p>OSCA-PREA Data Collection Instrument</p> <p>115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall collect and aggregate incident-based sexual abuse data at least annually and submit it to DYS for inclusion of its annual report to the USDOJ" (p. 16).</p> <p>The auditor reviewed OSCA-PREA Data Collection Instrument for the 2021 report. The report contains aggregate facility information, youth and youth incidents, and staff incidents.</p> <p>Documentation Reviewed</p> <p>OSCA-PREA Data Collection Instrument</p> <p>115.387 (c). As reported in the PAQ the facility uses a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall collect and aggregate incident-based sexual abuse data at least annually and submit it to DYS for inclusion of its annual report to the USDOJ" (p. 16).</p> <p>The auditor reviewed OSCA-PREA Data Collection Instrument for the 2021 report. The report contains aggregate facility information, youth and youth incidents, and staff incidents.</p> <p>Documentation Reviewed</p> <p>OSCA-PREA Data Annual Report-2021</p> <p>115.387 (d). As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary" (p. 16).</p> <p>115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f.).</p>

115.387 (f). As reported in the PAQ, the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The auditor reviewed the Governor Assurance letter that was submitted on September 3, 2021.

Documentation Reviewed

Letter: Governor Assurance

Corrective Action and Conclusion:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. OSCA-PREA Data Annual Report-2021 2. Interviews: <ol style="list-style-type: none"> a. Agency head b. PREA coordinator <p>Findings (By Provision):</p> <p>115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> · Identified problem areas. · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as the agency as a whole. <p>Policy: The Prison Rape Elimination Act Policy states that:</p> <p>SFCJDC shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary.</p> <p>SFCJDC will prepare an annual report of its findings and corrective actions.</p> <p>Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of SFCJDC's progress in addressing sexual abuse.</p> <p>Documentation Reviewed</p> <p>OSCA-PREA Data Annual Report-2021</p> <p>Interviews</p> <p>Agency Head: The interviewed agency head reported that incident based sexual abuse data is used to assess and improve sexual abuse prevention, detection, response policies, practices, and training. After reviewing incident and contributing factors to identify problem areas. We would take any corrective action and make adjustments as needed.</p> <p>PREA Coordinator: The interviewed PREA Coordinator reported that the agency reviews data collected of any incidents and the contributing factors to identify problem areas and take action to correct any issue that is contributing to incidents of sexual abuse. We will complete a Critical Incident Debriefing form after any incident and review all data collected at the time. We will also complete the PREA data incident based sexual abuse for OSCA annually and we will review the information to assess for improvement of practices. Data is stored securely in the superintendent's office or the states secure server. The data is reviewed annually, and we will continually make changes as needed to help prevent any incidents.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.388 (b). As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>Policy: The Prison Rape Elimination Act policy states that "SFCJDC will prepare an annual report of its findings and</p>

corrective actions. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of SFCJDC's progress in addressing sexual abuse" (p. 16).

Documentation Reviewed

OSCA-PREA Data Annual Report-2021

115.388 (c). As reported in the PAQ, the agency makes its annual report readily available to the public, at least annually, through its website. The agency PREA reports are found at: Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t | Missouri Department of Social Services (mo.gov)

Interviews

Agency Head: The interviewed agency head reported that the detention superintendent completes PREA data of sexual abuse annually. I will review the reports before they are sent to OSCA.

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

Documentation Reviewed

OSCA-PREA Data Annual Report-2021

Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that the agency would redact names of individuals involved and any identifying information.

Corrective Action and Conclusion:

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: Prison Rape Elimination Act c. Policy: Investigations, Discipline, Data Storage 2. Interviews: <ol style="list-style-type: none"> a. PREA coordinator <p>Findings (By Provision):</p> <p>115.389 (a). The facility reported in the PAQ that incident-based and aggregate data is securely retained.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall ensure data collected are securely retained. All data collected and related materials will be kept in the Detention Superintendent's locked office. Policy Investigations, Discipline, Data Storage states that "SFCJDC shall ensure data collected will be securely retained for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise. All data collected and related materials will be saved electronically on the Detention Superintendent's folder of the state's secure server and/or in the Detention Superintendent's locked office" (p. 19).</p> <p>Interviews</p> <p>PREA Coordinator: The interviewed PREA Coordinator reported that the agency reviews data collected of any incidents and the contributing factors to identify problem areas and take action to correct any issue that is contributing to incidents of sexual abuse. We will complete a Critical Incident Debriefing form after any incident and review all data collected at the time. We will also complete the PREA data incident based sexual abuse for OSCA annually and we will review the information to assess for improvement of practices. Data is stored securely in the superintendent's office or the states secure server. The data is reviewed annually, and we will continually make changes as needed to help prevent any incidents.</p> <p>115.389 (b). As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall ensure data collected are securely retained. All data collected and related materials will be kept in the Detention Superintendent's locked office. Policy Investigations, Discipline, Data Storage states that "SFCJDC shall ensure data collected will be securely retained for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise. All data collected and related materials will be saved electronically on the Detention Superintendent's folder of the state's secure server and/or in the Detention Superintendent's locked office" (p. 19).</p> <p>The Division of Youth Services Prison Rape Elimination Act annual reports, for both the agency and contracted providers, are provided at the following site: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/.</p> <p>Documentation Reviewed</p> <p>Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t Missouri Department of Social Services (mo.gov)</p> <p>115.389 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Documentation Reviewed</p> <p>Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t Missouri Department of Social Services (mo.gov)</p> <p>115.389 (d). As reported in the PAQ, the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10</p>

years after the date of initial collection, unless federal, state, or local law requires otherwise.

Policy: The Prison Rape Elimination Act Policy states that "SFCJDC shall ensure data collected are securely retained. All data collected and related materials will be kept in the Detention Superintendent's locked office. Policy Investigations, Discipline, Data Storage states that "SFCJDC shall ensure data collected will be securely retained for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise. All data collected and related materials will be saved electronically on the Detention Superintendent's folder of the state's secure server and/or in the Detention Superintendent's locked office" (p. 19).

Documentation Reviewed

Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t | Missouri Department of Social Services (mo.gov)

Corrective Action and Conclusion:

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

115.401	Frequency and scope of audits
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <ol style="list-style-type: none"> <li data-bbox="244 387 432 416">a. DYS Contract <p data-bbox="244 445 483 474">Findings (By Provision):</p> <p data-bbox="244 504 1452 562">115.401 (a). The audited facility serves as a contracted site for the state juvenile justice agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years.</p> <p data-bbox="244 591 1390 620">115.401 (b). As reported by the PREA coordinator, the facility is the only facility operated by the governing agency.</p> <p data-bbox="244 649 1484 777">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the director. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="244 806 1460 902">115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and supplemental reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="244 931 1481 1093">115.401 (m). The auditor was provided a private room to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p data-bbox="244 1122 1398 1182">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="244 1211 1449 1272">115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.</p> <p data-bbox="244 1301 422 1330">Corrective Action:</p> <p data-bbox="244 1359 1420 1420">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.403	Audit contents and findings
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="244 329 416 358">1. Documents: <li data-bbox="244 387 1134 416">a. State Agency website: http://dss.mo.gov/reports/prison-rape-elimination-act-reports/ <p data-bbox="244 445 483 474">Findings (By Provision):</p> <p data-bbox="244 504 1458 562">115.403 (f). The audited facility serves as a contracted site for the state juvenile justice agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years.</p> <ol style="list-style-type: none"> <li data-bbox="244 591 1251 620">1. DYS shall adhere to frequency and scope of audits in accordance with PREA Standard 115.393. <li data-bbox="244 649 1177 678">2. DYS shall ensure that the auditor's final report is published on DSS internet page (p.18)." <p data-bbox="244 707 422 736">Corrective Action:</p> <p data-bbox="244 766 1420 824">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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).)	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).)	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).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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
	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
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
	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
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	na
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes