

PREA Facility Audit Report: Final

Name of Facility: St. Louis County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/23/2022

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: Lawrence W. Howell	Date of Signature: 04/23/2022

AUDITOR INFORMATION	
Auditor name:	Howell, Lawrence
Email:	Lawrence.howell@rop.com
Start Date of On-Site Audit:	03/08/2022
End Date of On-Site Audit:	03/09/2022

FACILITY INFORMATION	
Facility name:	St. Louis County Juvenile Detention Center
Facility physical address:	105 South Central Avenue, Clayton, Missouri - 63105
Facility mailing address:	

Primary Contact	
Name:	Megan Schacht
Email Address:	Megan.Schacht@courts.mo.gov
Telephone Number:	3146154498

Superintendent/Director/Administrator	
Name:	Kellie Landaker
Email Address:	Kellie.Landaker@courts.mo.gov
Telephone Number:	314-615-2993

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

Facility Health Service Administrator On-Site	
Name:	Elizabeth Allen, CM, COO
Email Address:	EAllen@stlouiscountymo.gov
Telephone Number:	314-615-8733

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	41
Average daily population for the past 12 months:	22
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:	10-18
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	53
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	21st Judicial Circuit of Missouri, St. Louis County
Governing authority or parent agency (if applicable):	
Physical Address:	105 South Central Avenue, Clayton, Missouri - 63105
Mailing Address:	
Telephone number:	3146154400

Agency Chief Executive Officer Information:	
Name:	Ben Burkemper
Email Address:	Ben.Burkemper@courts.mo.gov
Telephone Number:	3146152980

Agency-Wide PREA Coordinator Information			
Name:	Megan Schacht	Email Address:	megan.schacht@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:	
1	<ul style="list-style-type: none"> 115.341 - Obtaining information from residents
Number of standards met:	
42	
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:	2022-03-08
2. End date of the onsite portion of the audit:	2022-03-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Children's Advocacy Services of Greater St. Louis. 2. Cardinal Glennon Children's Hospital 3. St. Louis Children's Hospital 4. Clayton Police Department 5. Out of Home Investigations (OHI) 6. Missouri Child Abuse Hotline

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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:	26
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:	0
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):	On the first day of the onsite portion of the audit there were 26 youth present (22 males and 4 females). Upon arrival at the facility, PREA auditor Howell received a roster with room assignments and throughout the audit was given free access to speak with residents at anytime.
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:	53
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:	1
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Over the past 18 months volunteer and contractor involvement has been limited due to COVID-19 pandemic restrictions and precautions. At the time of the audit there was one contractor who provided clinical services and one volunteer that provides tutoring services.
INTERVIEWS	

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

10

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☐ Age
- ☐ Race
- ☐ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☐ Length of time in the facility
- ☒ Housing assignment
- ☒ Gender
- ☐ Other
- ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

The residents interviewed were selected by Auditor Howell from the daily roster provided on the first day of the on-site portion of the audit. The random sample included juveniles from each living unit and juveniles that identified as male and female. Residents selected also represented juveniles that had been in the facility from a few weeks to several months.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- ☒ Yes
- ☐ No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

There were no barriers to completing resident interviews in accordance with PREA Standards. The students consented to being interviewed and answered all questions presented by PREA Auditor Howell.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

2

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".

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>There were no residents identified with a "physical disability" by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves.</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>There were no residents identified with "Blind or have low vision" by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves.</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>There were no residents identified as "Deaf or hard of hearing" a physical disability by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves.</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).	There were no residents identified with as Limited English Proficient" by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves.
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:	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).	There were no residents identified as lesbian, gay, or bisexual by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves.
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).	There were no residents identified as transgender by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves.

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).	There were no residents identified by the facility managers, medical & mental health staff, direct care staff, or self reported by the juveniles themselves that had reported sexual abuse in this facility
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).	There were no residents identified by staff or the students themselves that were ever placed in segregated housing/isolation for risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers to completing interviews. The only reason a targeted juvenile population was not interviewed was they were not represented at the facility.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12

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 checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>There were no barriers to completing staff interviews. The staff were responsive to questions and exhibited a genuine caring attitude when discussing their jobs and facility operations. Auditor Howell was able to interview staff from all shifts, all departments, and at all levels of authority.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</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 checked="" 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 checked="" 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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>
<p>SITE REVIEW AND DOCUMENTATION SAMPLING</p>	

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Throughout the PREA Audit of the St. Louis County Juvenile Detention Center, Auditor Howell found the site management team to be responsive to auditor requests and knowledgeable about the PREA Standards. There were no barriers to completing a comprehensive site review in accordance with protocols.

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.).	There were no barriers experienced regarding selecting additional documentation. Upon arrival Auditor Howell was presented multiple three ring binders that included documentation organized by PREA standard. The amount of documents and the organized manner of the binders allowed Auditor Howell to easily find what he was looking for.

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 no sexual abuse investigations to review.

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
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

<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There was one critical incident in 2021 and two critical incidents in 2022 that were reviewed for sexual harassment. None of the three incidents met the PREA Standard of sexual harassment, therefore there were no sexual harassment investigation files to review. The critical incident review forms were complete and provided the information necessary for PREA Auditor Howell to complete a review.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility staff are aware of sexual abuse and sexual harassment investigations. They are prepared to follow the protocols when an allegation is brought to their attention.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- ☐ Yes
- ☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- ☐ Yes
- ☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Management & 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>

The following evidence was analyzed in the making the compliance decision.

1. Documents reviewed included:

1. Pre-Audit Questionnaire
2. St. Louis County Juvenile Detention Center Manual of Operations
3. Organizational Chart
4. On site PREA related postings

2. Interviews included:

1. Random Staff
2. Youth
3. PREA Compliance Manager (Dr. Megan Schacht)
4. Family Court Administrator

3. Site Review / Observation:

1. PREA / Sexual Abuse Postings
2. Web page www.stlcourtscourts.com and <http://dss.mo.gov/dys/>

4. Provisions:

115.311 (a)-1,2,3,4,5 The St. Louis County Juvenile Detention Center (SCJDC) has a zero-tolerance policy towards any form of sexual abuse or sexual harassment. The purpose of the policy states: "The St. Louis County Family Court Juvenile Detention Center shall comply with the Prison Rape Elimination Act (PREA) Standards. The St. Louis County Family Court Juvenile Detention Center is committed to a zero tolerance standard for incidents of sexual abuse and sexual harassment."

The SCJDC Zero Tolerance Policy is available to staff, residents, and members of the public as is posted on the agency web page www.stlcourtscourts.com. The SCJDC Zero Tolerance Policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment includes sanctions for those found to have participated in prohibited behaviors and includes agency strategies to reduce and prevent sexual abuse and harassment of residents.

115.311 (b)-1,2,3 The agency has a designated PREA Manager - Dr. Megan Schacht. She also holds the agency title of Director of Family Services. Her position is an upper level position and when interviewed she reported having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facility.

Through staff interviews, PREA Auditor Howell found that upper level staff understood the PREA standards and how they are implemented at St. Louis County Juvenile Detention Center. Ms. Schacht explained she had sufficient time and authority to coordinate the facility efforts to comply with PREA standards.

115.311 (c)-1,2,3,4 The SCJDC meets the standard of having a designated PREA Compliance Manager (Dr. Schacht) in the organizational structure, who has sufficient time to coordinate the facility efforts to comply with PREA standards. This section 115.311 (c) was rated as N/A because the Family Court of St. Louis County only operates one juvenile facility.

Through direct observation during the on-site audit, interviews of both residents and staff, and reviewing resident and staff files it is evident SCJDC includes the requirements of this provision in the facility daily operations. Upper level staff as well as direct care staff could explain the intent of PREA and how it is implemented at St. Louis County Juvenile Detention Center.

The facility meets the requirements of standard 115.311.

Corrective Action Findings: None

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 the making of the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. St. Louis County Juvenile Detention Center Manual of Operations <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager (Dr. Megan Schacht) 2. Family Court Administrator (Ben Burkemper) <p>Site Review / Observation:</p> <ol style="list-style-type: none"> 1. N/A <p>Provisions:</p> <p>Standard 115.312 (a & b) does not apply to St. Louis County Juvenile Detention Center because the facility does not contract with other entities for the confinement of youth.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. Section 3 Personnel Management 2. Section 1 Physical Plant - Living Space Specifications 3. Staffing Plan Annual Evaluation 4. Unannounced Supervisory Rounds Form 5. Supervisory Rounds Protocol 6. Facility Schematics 7. Staff Roster 8. Resident Roster <p>Interviews included:</p> <ol style="list-style-type: none"> 1. Superintendent (Kellie Landaker) 2. Random residents 3. Random staff 4. PREA Compliance Manager (Dr. Megan Schacht) 5. Family Court Administrator 6. Human Resources Director (Ed Long) 7. Random Staff 8. Assistant Director of Detention (Ptah Walls) <p>Site Review / Observation:</p> <ol style="list-style-type: none"> 1. Staff to student ratio observations at multiple times throughout the day <p>Provisions:</p> <p>115.313 (a) Superintendent Kellie Landaker confirmed and the St. Louis County Juvenile Detention Center policy mandates a minimum of one staff for each eight youth with one staff being female. The PAQ showed no instances of deviation from the planned staff to student ratio. Through the staff interviews, Auditor Howell found no written shift reports showing short staffing or ratio issues in the daily operations. 10 of 10 residents reported feeling safe at St. Louis County Juvenile Detention Center (SLCJDC) and that staff provide adequate supervision of the residents. The agency staffing plan was reviewed by auditor Howell. When reviewing the staff rosters and comparing them to the average student population by month for the past 12 months and taking into consideration a reported low staff turnover rate, Auditor Howell found no obvious reason to believe there had been a deviation from the facility staffing plan. SLCJDC does use surveillance cameras, but does not use cameras as part of the supervision of residents and staffing plan. Evidence of compliance with this standard was gathered in interviews of the Superintendent, 1st Shift Supervisor, and 2nd Shift Supervisor. All three individuals confirmed the staffing plan is developed to protect residents, video monitoring is not part of the plan, and the staffing plan is reviewed weekly by the management team of the Superintendent, Supervisors, and the Assistant Director of Detention. When a scheduled staff is absent, and the staff to resident ratio may be at risk, the Supervisor authorizes overtime to fill temporary vacancies.</p> <p>115.313 (b) St. Louis County Juvenile Detention Center Policy requires constant supervision and monitoring of the residents while in the facility. The policy states that the facility maintains staff ratios at all times unless imminent and dangerous circumstances take place that alter the ratio. The established ratios are 1:8 during waking hours and 1:16 during sleeping hours. On-site observations by Auditor Howell exceeded the established minimum ratios. Observed ratios were 1:1, 1:7, and 1:8.</p> <p>115.313 (c) The facility roster showed 36 full time staff employed for a current resident population of 26 (22 males & 4 females) residents. Observed staff to student ratios were 1:1, 1:6, and 1:8. PREA Auditor Howell found no evidence nor was there a report of the staff to student ratio deviating from the planed ratio of 1:8 daytime and 1:8 nighttime ratio. During random resident interviews, when asked, "How often are staff the with you?" 10 of 10 residents replied that direct care staff were present at all times.</p> <p>115.313 (d) When interviewed, the Superintendent, Human Resources Director, and Assistant Director of Detention each replied the staffing plan is reviewed and revised at least annually and when necessary as a result of the resident population</p>

fluctuating. The Superintendent and Assistant Director of Detention mentioned described meeting daily to make sure staff to resident ratio's were appropriate.

115.313. (e) PREA Auditor Howell did find evidence to support the PAQ that stated higher level supervisors conducted unannounced rounds on all shifts. Facility policy prohibits staff from alerting the staff members that the supervisory unannounced rounds are occurring. During random staff interviews, the staff explained the unannounced rounds do occur. Frequency was reported as twice per shift. Facility management provided unannounced rounds logs and the associated protocol sheet to demonstrate compliance. The logs include observations of youth routines, group locations, interactions, staffing requirements, staff positioning, facility cleanliness, and staff/resident boundaries.

Based on the auditor observations, information shared during the staff and resident interviews, and the documents reviewed during the Pre On-Site, On-Site, and Post On-Site phases of the audit, the facility meets the requirements of standard 115.313

Corrective Action Findings: None

115.315	Limits to cross-gender viewing and searches
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 329 576 358">Documents reviewed included:</p> <ol data-bbox="276 407 1157 604" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy Section 17 PREA 3. St. Louis County Juvenile Detention Center Policy Section 11 Searches 4. St. Louis County Juvenile Detention Center Policy Section 13 Hygiene and Sanitation 5. Staff training files 6. Search logs <p data-bbox="244 631 461 660">Interviews included:</p> <ol data-bbox="276 710 491 840" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Supervisor staff 4. Security staff <p data-bbox="244 866 526 896">Site Review / Observation:</p> <ol data-bbox="276 945 841 1041" style="list-style-type: none"> 1. Intake Area 2. Living Units 3. Common activity spaces (gym, classrooms, hallways) <p data-bbox="244 1068 367 1097">Provisions:</p> <p data-bbox="244 1160 1485 1456">115.315 (a-c): The staff interviews and a review of the staff training records revealed the staff were appropriately trained on conducting pat down searches in accordance with 115.315 (a, b, and c) Limits to cross-gender viewing and searches. 10 of 10 random staff explained and demonstrated the search procedures of St. Louis County Juvenile Detention Center. The search procedure does not include a "pat down" or "strip searches." Staff explained the female and male staff do not do pat down searches. In exigent circumstances the opposite gender staff would conduct an on the outside of the residents clothing only after receiving approval from the Assistant Superintendent or Superintendent. The St. Louis County Juvenile Detention Center PAQ states the facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. Staff responsible for searches, including the intake officer, were consistent in responding that the St. Louis County Juvenile Detention Center is in compliance with this provision.</p> <p data-bbox="244 1518 1473 1848">115.315 (d): St. Louis City Juvenile Detention Center policies mandate residents are permitted 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. The bathrooms and showering areas were observed during the facility tour. The facility is designed to prohibit cross gender viewing of youth performing such personal actions and the facility practice demonstrated shows compliance: Opposite gender staff announce their presence before entering living units. Youth are provided privacy when changing clothes, performing bodily functions, and showering. Each living unit consists of 8 rooms. 2 rooms have toilets and 6 rooms do not have toilets. There are two single person use bathrooms on each living unit for the residents to use. Opposite gender staff do not provide direct supervision when youth change clothes, perform bodily functions, and shower. 10 of 10 residents and 10 of 10 direct care staff confirmed the residents are permitted to change clothes, perform bodily functions, and shower in privacy.</p> <p data-bbox="244 1877 1485 2072">115.315 (e) Per the St. Louis County Juvenile Detention Center Policy and confirmed by Auditor Howell during the staff interviews, Detention Center staff always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, the intake staff review the resident's personal history and medical documents and may determine genital status during conversations with the resident or by learning the information from a medical examination conducted at a medical facility, in private, by a medical practitioner.</p> <p data-bbox="244 2101 1441 2161">115.315 (f) St. Louis County Juvenile Detention Center training records showed proof of training staff on how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible,</p>

consistent with security needs. During interviews staff and residents consistently responded that Juvenile Detention Center staff do not do pat down searches and the process of having residents empty their pockets and clear their wrist and waist bands was the search practice used.

As a result of auditor observations of the facility design, a review of St. Louis County Detention Center policy, responses by staff and residents in interviews, and a review of the resident files, St. Louis County Juvenile Detention Center was determine to be in compliance with standard 115.315 (a-f)

Corrective Action: None

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p data-bbox="244 271 1066 297">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 360 576 387">Documents reviewed included:</p> <ol data-bbox="276 443 903 636" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center PREA Policy 17 3. Screening, Intake, and Admissions Policy Section 6 4. Resident PREA Curriculum 5. PREA Posters 6. Interpreter Contract Information <p data-bbox="244 698 461 725">Interviews included:</p> <ol data-bbox="276 781 978 940" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Supervisory staff 4. Director of Family & Clinical Services / PREA Compliance Manager 5. Superintendent <p data-bbox="244 1003 528 1030">Site Review / Observation:</p> <ol data-bbox="276 1086 627 1178" style="list-style-type: none"> 1. Living Unit postings 2. Administrative Building postings 3. Classroom postings <p data-bbox="244 1205 368 1232">Provisions:</p> <p data-bbox="244 1261 1485 1388">115.316 (a) The St. Louis County Juvenile Detention Center Policy states that the Juvenile Detention Center staff takes appropriate steps to ensure that youth 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. Such steps include providing access to interpreters, and written materials provided in formats or through methods that ensure effective communication.</p> <p data-bbox="244 1420 1469 1512">During the resident interviews 10 of 10 (100%) youth interviewed claimed English as their primary language. During staff interviews none of the staff could remember a youth, admitted in the last 12 months, that claimed another language as their primary language.</p> <p data-bbox="244 1543 1461 1738">The Juvenile Detention Center policy addresses the provision of support services for disabled residents and provides the equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and appropriately respond to sexual abuse and harassment. The policy prohibits the use of resident interpreters, readers, and other forms of resident assistants except in limited circumstances where an extended delay could compromise a resident's safety, performance of a first responders duties, or the investigation of the allegations. Supervisor and Assistant Superintendent interviews confirmed knowledge of the policy and process.</p> <p data-bbox="244 1769 1477 2031">115.316. (b) During interviews of the clinical intake staff he explained they do whatever is necessary to ensure the residents understand the PREA standards and their rights. He made it clear they would only use staff as translators. During the past 12 months, the facility did not have any youth who were assessed as needing interpreting services because they had a disability or were limited English proficient. If they had, the language Access Court provided Languageline (language interpreter services with access to 240+ languages) is available by phone and can be accessed by staff 24 Hour per day 7 days per week. Furthermore, the PREA Audit notice and Resident Handbook are printed in English and Spanish. The facility is prepared to ensure equal access to limited English proficient or disabled. This determination of meets standard was made based on interviews of staff, administrators, facility observations, and a review of the residents' case files.</p> <p data-bbox="244 2094 1493 2152">115.316 (c) The PREA Manager, Clinical Director and intake staff explained St. Louis County Juvenile Detention Center does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations as the practice could</p>

compromise the integrity of the reporting process. The facility's intake staff did have written PREA related information to provide to youth upon admission to the Juvenile Detention Center. At the time of the audit there were no residents listed, interviewed, or reported as needing interpreter services or the need for translated PREA related documents. The staff and resident interviews resulted in consistent responses that St. Louis County Juvenile Detention Center had not had a recent need for the use of interpreters or services for residents with a disability that hindered their ability to communicate an allegation related to sexual abuse or harassment.

The facility meets the requirements of standard 115.316.

Corrective Action: None

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy - Human Resources Manual Policy IV 3. St. Louis County Juvenile Detention Center Policy -Personnel Management Section 3 Retention and Promotion 4. Personnel Files 5. Criminal Records and Child Abuse Registry Check Documentation 6. Employment Application 7. Self-Disclosure Affidavit 8. Training Records <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Human Resources Director 3. Superintendent 4. Random Staff <p>Site Review / Observation:</p> <ol style="list-style-type: none"> 1. None. <p>Provisions:</p> <p>115.317 (a) The St. Louis County Juvenile Detention Center Human Resources Manual Policy IV prohibits hiring or promoting anyone who may have contact with youth and does not use services of any contractor who may have contact with the person if the person: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or has been convicted or civilly or administratively adjudicated or 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.</p> <p>The Superintendent and Human Resources Director confirmed during interviews that the St. Louis County Juvenile Detention Center has not hired, promoted, or contracted with anyone who meets the criteria listed in the above paragraph. A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.</p> <p>115.317 (b) St. Louis County Juvenile Detention Center Policy considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. When interviewed by PREA Auditor Howell, the Human Resource Director explained that the St. Louis County Juvenile Detention Center would find out such information through criminal background checks, pre-employment reference checks, and a thorough interview of the applicant for an open position. The Superintendent explained the interview process for hiring, promotions and contract positions. A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.</p> <p>115.317 (c & d) Before hiring new employees, volunteer, or contractors who may have contact with youth, the St. Louis City Juvenile Center Policy - Personnel Management section 3 requires hiring staff to perform a criminal background records check, complete a State child abuse registry review, and contact all prior institutional employers in search of substantiated allegations of abuse or resignation during a pending investigation of an allegation of abuse. St. Louis County Juvenile Detention Center has been conducting background checks, child abuse registry checks, completing reference checks, and attempted to ask previous juvenile institution employers of applicant's past involvement in PREA related incidents. Auditor Howell reviewed the interview questions and discussed the screening process with the Superintendent and Human</p>

Resources Director.

115.317 (e) St. Louis County Juvenile Detention Center policy states the facility conducts criminal background checks of current employees and contractors who may have contact with residents every five years. Initially Auditor Howell's review of Personnel files showed some background checks not completed every five years. This was corrected before the interim report was issued. PREA Compliance Manager Dr. Megan Schacht demonstrated that the missing background re-checks were actually completed, just not filed yet.

115.317 (f) St. Louis County Detention Center did provide written evidence about asking all applicants and employees who may have contact with residents directly about previous PREA related misconduct described in paragraph 115.317 (a). Superintendent Kellie Landaker disclosed in her interview that the facility also practices a policy of ongoing self-disclosure regarding involvement in PREA related incidents.

115.317 (g) In accordance with this standard, St. Louis County Juvenile Detention Center Director of Human Resources stated in his interview that material omissions regarding such misconduct (PREA related) or the provision of materially false information is grounds for termination of employment.

115.317 (h) According to interviews of the Superintendent and Human Resources Director, unless prohibited by law, St. Louis County Juvenile Detention Center provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. In addition, the Human Resources Director and Superintendent affirmed separately in their interviews that the facility does consider all items listed in 115.317(a-h) when making hiring and promotion decisions.

Based on the information received and the documents reviewed in the interviews the facility meets the requirements of standard 115.317.

Corrective Action: None

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility Schematics <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent <p>Site Review / Observation:</p> <ol style="list-style-type: none"> 1. Observation of the campus operations during the on-site tour. 2. Demonstration of the existing video surveillance system. <p>Provisions:</p> <p>115.318 (a-b) During interviews of the PREA Compliance Manager and Superintendent both administrators explained there had been no substantial modification to the facility (including upgrades to the camera system) since the last PREA Audit. The Superintendent was very familiar with the camera system and the importance of ensuring resident privacy.</p> <p>The staff interviews, resident interviews, the on-site tour of the facility, and the schematics provided to the auditor all corroborated that the facility meets the requirements of standard 115.318 (a-b).</p> <p>Corrective Action Findings: None</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Policy #17 PREA 3. Missouri Department of Public Safety Forensic Exam Protocols 4. Resident Handbook 5. Children's Advocacy Services Agreement 6. Clayton Police Chief Letter <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. SAFE/SANE Nurse Cardinal Glennon Hospital & St. Louis Children's Hospital 3. Children's Advocacy Centers Representative 4. Random staff interviews 5. Random resident interviews <p>Site Review / Observation:</p> <ol style="list-style-type: none"> 1. Facility postings 2. Brochures available to residents <p>Provisions:</p> <p>115.321 (a) St. Louis County Juvenile Detention Center Policy #17 (PREA) does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions when responding to allegations of sexual abuse. The Clayton Police conduct the PREA investigations. Random staff interviews revealed the St. Louis County Juvenile Detention Center staff are aware of the physical evidence expectations for First Responders. Page 8 of the PREA policy describes the process for staff to call the Clayton Police Department and the Children's Division to conduct investigations into allegations. Auditor Howell reviewed a letter dated December 1, 2021 from the Clayton Police Chief acknowledging PREA and his departments responsibilities.</p> <p>115.321 (b) The Superintendent stated the policy does follow a protocol that is developmentally appropriate for youth and is current (i.e. adapted from the most recent edition of the US Department of Justice's Office on Violence Against Women publications) . Auditor Howell was able to ascertain and confirm the following:</p> <ul style="list-style-type: none"> • The facility does not conduct administrative or criminal investigations. Allegations are referred to the Clayton Police Department for criminal investigations and sometimes OHI (Out of Home Investigations) for administrative investigations. Random staff interviews confirmed an understanding of the facility investigations protocol. • Cardinal Glennon Children's Hospital and St. Louis Children's Hospital are responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. There were no forensic medical exams, related to St. Louis City Juvenile Detention Center, conducted in the past 12 months. Children's Advocacy Services of Greater St. Louis has provides outside the facility emotional support and crisis counseling services. During interviews, the facility PREA Manager and Superintendent confirmed their understanding of the practice. <p>115.321 (c) In accordance with St. Louis County Juvenile Detention Center Policy Section 17 (page 8), in the event of a PREA related allegation, the Duty Supervisor or Detention Administration staff call the Clayton Police for criminal investigation and a facility representative would take the resident to Cardinal Glennon Children's Hospital or St. Louis Children's Hospital for the SAFE and SANE examination. The hospital services include Sexual Assault and Violence Response and Child Protection Teams. Auditor Howell reviewed the hospital web site and found a comprehensive</p>

explanation of the structure of the department, the staff training, and multiple ways the hospital provides support, forensic medical services to meet the needs of sexual assault victims. In a phone interview, the Forensic Nurse explained there was a number of qualified SANE nurses that allowed at least one to always be on duty. She explained it was hospital practice to have a forensic nurse available 24 hours a day. She reported no knowledge of any forensic exams involving youth from the St. Louis County Juvenile Detention Facility during the past 12 months

115.321 (d) In accordance with the agreement between the St. Louis County Juvenile Detention Center and Children's Advocacy Services of Greater St. Louis, during an interview of the CAS phone representative Nancy (ID # 34074) she confirmed they provide intervention and related sexual assault assistance services free of charge. The services include 24 hour per day access for reporting, advocacy, and forensic exams. Children's Advocacy Services is not an organization that is part of the criminal justice system. Of the residents interviewed, 10 of 10 were able to describe how to access the services in a confidential manner while in the County Detention Center.

115.321 (e) Director of Family and Clinical Services / PREA Manager Dr. Megan Schacht explained the St. Louis County Juvenile Detention Center does have a qualified mental health therapist on duty (or on call) to provide advocacy and emotional support services. However, the Hotline remains available 24/7 to support youth as needed. Auditor Howell observed posters zero tolerance posters with the hotline number in most resident living areas, classrooms, and dining areas. The number listed was 1 (800) 392-3738. Auditor Howell called the Hotline number and verified the services available, if a caller could remain anonymous, and if the services were free of charge to residents of St. Louis County Juvenile Detention Center. The Hotline representative confirmed all of the above.

115.321 (f) The Clayton Police department conducts all criminal investigations. Cardinal Glennon Children's Hospital or St. Louis Children's Hospital are responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. Both agencies follow uniform protocols that are age appropriate for youth that are residents of the Juvenile Detention Center.

115.321 (g) Auditor is not required to audit this provision.

115.321. (h) St. Louis County Juvenile Detention Center is in compliance with standard 115.321 (h) because the Director of Family and Clinical Services is appropriately trained and a licensed clinician. Dr. Megan Schacht is also the PREA Compliance Manager. Training records showed she was current in required PREA training listed on page 10 of St. Louis Juvenile Detention Center Policy Section 17. The facility does have an agreement for victim support services with Children's Advocacy Services of Greater St. Louis. Children's Advocacy Services have trained staff available 24/7 for advocacy service, emotional support; in accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.

The facility meets the requirements of standard of 115.321.

Corrective Action Findings: None

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<div data-bbox="229 192 1501 255">Auditor Discussion</div> <div data-bbox="229 255 1501 2157"></div>

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

1. PAQ
2. St. Louis County Juvenile Detention Center PREA Policy Section 17
3. St. Louis County Juvenile Detention Center Administration Policy Section 2
4. Staff Training Files

Interviews included:

1. PREA Manager
2. Superintendent
3. Random staff interviews
4. Random resident interviews

Site Review / Observation:

1. Facility postings
2. Brochures available to residents

Provisions:

115.322 (a) St. Louis County Juvenile Detention Center PREA Policy requires that all allegations of sexual abuse and sexual harassment are investigated by the Clayton Police Department. Interviews of agency representatives confirmed there were zero reported allegations of abuse or investigations during the past 12 months, therefore there were zero administrative investigations and zero criminal investigations. As result of zero investigations, PREA Auditor Howell could not review investigation reports to confirm the documentation matched the written procedure or PREA standards. Interviews of staff confirmed the staff's knowledge of which agencies are responsible for administrative and criminal investigations in all allegations of sexual abuse and sexual harassment.

115.322 (b) The Zero Tolerance Policy is 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. There were zero referrals in the past 12 months as evidenced by auditor confirmation with the St. Louis Metropolitan Police Department, interviews with St. Louis County Juvenile Detention Center management, and interviews of random staff and students. As a result of there being no evidence showing allegations during the past 12 months, Auditor Howell asked the PREA Compliance Manager and Superintendent if there had been any allegations since the last PREA audit. Both responded "no" when asked if there had not been any. This auditor also reviewed the previous (2019) Final PREA Audit Report for any reported allegations or investigations. The 2019 audit report listed none. A review of the Missouri Department of Social Services website did show the agency's PREA Policy that includes a requirement that all allegations of sexual abuse or sexual harassment are referred to the local Police Department as they have the legal authority to conduct criminal investigations

115.322 (c) The St. Louis County Juvenile Detention Center policy and St. Louis Clayton Police Department protocols govern PREA related investigations. PREA Auditor Howell confirmed with the Clayton Police Department that they are the authorized outside agency who conducts investigations into allegations of sexual abuse and sexual harassment. This is also supported by the letter from the Clayton Police Chief.

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

115.322 (e) Auditor is not required to audit this provision.

During staff interviews, including the PREA Manager, Superintendent, and random staff, it was evident that the facility staff understood the investigation process and were able to explain the process for involving qualified outside agencies to complete administrative and criminal investigations. The staff training records showed the staff received appropriate and current PREA training related to policies to ensure proper referrals of allegations for investigations.

The facility does meet all of the requirements of standard 115.322 (a-e)

Corrective Action Findings: None

115.331	Employee training
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="277 409 1244 568" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy Section 17 - PREA 3. St. Louis County Juvenile Detention Center Policy Section 5 - Training and Staff Development 4. Training Curriculum (JDC PREA Training.pdf) 5. PREA brochure <p data-bbox="244 600 461 627">Interviews included:</p> <ol data-bbox="277 678 592 806" style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff 3. Specialized staff 4. Human Resources Director <p data-bbox="244 837 539 864">Site Review / Observations:</p> <ol data-bbox="277 916 1185 943" style="list-style-type: none"> 1. Observation of opposite gender staff announcements upon entering resident living units. <p data-bbox="244 974 368 1001">Provisions:</p> <p data-bbox="244 1030 1484 1124">115.331 (a) The St. Louis County Juvenile Detention Center PREA Policy does require that the facility provide PREA related training to all its employees who may have contact with youth . The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility." The training includes the following:</p> <ul data-bbox="277 1176 1445 1706" style="list-style-type: none"> • The Zero Tolerance policy for sexual abuse, sexual harassment, • How to fulfill their PREA responsibilities under St. Louis County Juvenile Detention Center sexual abuse and 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 sexual abuse and harassment • The right of residents to be free from retaliation for reporting sexual abuse and harassment • The dynamics of sexual abuse and sexual harassment in juvenile facilities • The common reactions of juvenile victims of sexual abuse and harassment • 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. • 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; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities • Relevant laws regarding the applicable age of consent (age of consent in Missouri is 17 years. In Missouri 14 year olds can consent to sexual activity with partners 18 years of age and younger) <p data-bbox="244 1736 1490 1830">The staff are provided a training that describes the facilities zero tolerance of sexual abuse and harassment. Random staff interviews revealed the staff know the learning objectives of the training (listed in #1-12 above). Auditor Howell reviewed staff training records that included initial training upon hire and refresher training on an annual basis.</p> <p data-bbox="244 1859 1493 2054">115.331 (b) The St. Louis County Juvenile Detention Center policy requires that training is tailored to the unique needs and attributes and gender of the residents at the facility. St. Louis County Juvenile Detention Center provides services to youth off all gender identities. Youth are housed based on their gender identity, housing preference, and safety/security. The staff of the opposite gender receive the same training regardless of what shift they are assigned. Training documentation reviewed by PREA Auditor Howell supports this standard. The training is initiated during new employee orientation and is continued through annual refresher training.</p> <p data-bbox="244 2083 1430 2145">115.331 (c) The St. Louis County Juvenile Detention Center Policy states that the facility documents employees written verification that they receive PREA training and understand their PREA responsibilities. The agency provides refresher</p>

training every year. This was confirmed by auditing the employee training files and interviewing the staff. Employee records included signed acknowledgements of receiving PREA training and their responsibilities as first responders.

115.331 (d) The Human Resources Director and PREA Compliance Manager provided the auditor with training documentation showing proof the staff acknowledge with their signature that they understand the training they received. This was confirmed by auditing the employee training files. All employees had signed acknowledgements of receiving PREA training and their responsibilities as first responders.

In the interviews, the staff demonstrated they had a good understanding of 115.331 (a, 1-12) and 115.331 (b, c, d). Furthermore, the training documentation verified the completion of and understanding of the required PREA training.

Auditor Howell interviewed staff, reviewed the training policy, reviewed the training curriculum, and verified training is taking place and determined the facility meets the requirements of standard 115.331.

Corrective Action Findings: None

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis City Juvenile Detention Center PREA Policy 2. Volunteer (Practicum) and/or Contractural Provider Cover Letter for Fundamental Practices 3. PREA Training Protocols <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Superintendent 3. Random Staff 4. Specialized staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>During interviews of the Superintendent and PREA Compliance Manager, both explained as a result of COVID-19 there have not been many volunteers or contractors used during the past 12 months. When asked how St. Louis County Juvenile Detention Center volunteers and contractors would be trained in the future they replied they would receive the same PREA training as the full time direct care staff. The PREA Compliance Manager did provide proof of PREA training and PREA acknowledgements for contractors and volunteers.</p> <p>115.332 (a) The St. Louis County Juvenile Detention Center Policy states that the facility shall ensure that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>115.332 (b) St. Louis County Juvenile Detention Center PREA Manager Schacht explained all volunteers and contractors who have contact with residents would be notified of the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. She also explained the training was the the same as the full time paid staff. Because the use of contractors or volunteers was limited in the past year, however PREA Auditor Howell was able to review training documentation and signed acknowledgements related to 115.332 (b) that confirmed that volunteers and contractors understand the training they have received.</p> <p>115.332 (c) St. Louis County Juvenile Detention Center does maintain documentation confirming that volunteers and contractors understand the training they have received. PREA Auditor Howell was able to review training documentation and signed acknowledgements related to 115.332 (b) that confirmed that volunteers and contractors understand the training they have received.</p> <p>The facility meets the requirements of standard 115.332 (a, b, and c).</p> <p>Corrective Action Findings: None</p>

115.333	Resident education
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="276 409 933 602" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center - Section 17 PREA 3. PREA Resident Curriculum 4. Site Posters 5. Resident Handbook 6. PREA Brochures <p data-bbox="244 633 459 660">Interviews included:</p> <ol data-bbox="276 712 501 873" style="list-style-type: none"> 1. PREA Manager 2. Intake Staff 3. Specialized Staff 4. Random Staff 5. Random Residents <p data-bbox="244 904 539 931">Site Review / Observations:</p> <ol data-bbox="276 983 1350 1077" style="list-style-type: none"> 1. Posters hanging in areas commonly used by residents such as: Dormitory (hallways, bathroom, common rooms), Dining areas, Administration, Building hallways, and Intake areas 2. PREA materials available to residents, staff, and guests. <p data-bbox="244 1108 368 1135">Provisions:</p> <p data-bbox="244 1196 1477 1323">115.333 (a) The facility PREA Policy states that during the admissions process the youth are provided, by staff, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, sexual harassment or sexual activity. This is done through verbal explanation by the intake staff and being provided the appropriate PREA education information in the PREA brochure and included in the Resident Handbook.</p> <p data-bbox="244 1355 1469 1547">When interviewed, 10 of 10 residents reported learning of and understanding the St. Louis County PREA Policy and how to report sexual abuse and sexual harassment. Over the past twelve months 143 youth were admitted to the St. Louis County Juvenile Detention Center. Of the 181 intakes 137 stayed longer than 72 hours. The intake documents include an acknowledgement signed by each resident that they received and understood the Zero Tolerance policy information. When reviewing resident files, PREA Auditor Howell found no evidence that there were residents who did not receive the required Zero Tolerance Policy information.</p> <p data-bbox="244 1579 1493 1841">115.333 (b) The St. Louis County Juvenile Detention Center PREA Policy (page 10 paragraph 4) states that within 10 days of intake, the facility provides comprehensive, age appropriate education to youth about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. Through the random resident interviews, Auditor Howell found evidence that 10 of 10 residents had received PREA education upon intake, but not a comprehensive re-education within 10 days. After some discussion with PREA Compliance Manager Schacht, it was agreed the facility would be compliant with standard 114.333 (b) if they showed the recommended PREA video weekly in all living units. This would create a system where no youth would go longer than 7 days from intake education to re-education. On March 21, 2022 PREA Manager Schacht e-mailed confirmation that weekly showing of the video had started at the facility.</p> <p data-bbox="244 1872 1401 1899">The resident files showed resident acknowledgement of receiving and understanding the PREA education materials.</p> <p data-bbox="244 1930 1485 2123">115.333 (c) During the intake staff interview Auditor Howell asked how he ensured current residents as well as those transferred from other facilities were educated on the facilities PREA Policy. The intake staff confirmed that regardless of how, when, or where they came from all residents are provided the same resident education about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. When asked, "How long from the date of intake are residents made aware of their rights as prescribed by PREA?", the staff replied: "New residents receive the PREA educational materials on the same day they arrive here. We review the information one on one to make sure they understand it."</p>

115.333 (d) The Director of Family Services and Clinical Services and PREA Manager Megan Schacht provided Auditor Howell with the resident education materials in formats accessible to all residents at the facility during the audit. When the intake staff was asked how intakes with limited reading skills could learn the PREA related information they responded the staff would read the print information to the resident with the limited reading skills, get an interpreter, or get a bilingual staff to translate the PREA information and show the resident how they can call the hotline number (posted on the walls in many areas) to file a report or request emotional support services. Furthermore, the courts have access to interpretive services for youth with special needs or disabilities including youth who are deaf, speech impaired, blind, or otherwise disabled. It is not St. Louis County Juvenile Detention Center policy to allow residents to be used as translators for other residents.

115.333 (e) The Director of Family Services and Clinical Services and PREA Manager was able to clearly explain the resident PREA education process. Upon auditor review, 10 of 10 resident files reviewed included documentation including the residents' acknowledgement of receiving and understanding the PREA information. In the resident interviews the youth were able to explain the process consistent with what is written in the facility PREA Policy and what is expected to meet this standard. 10 of 10 residents said they believed they could report allegations of sexual abuse and harassment without being punished or fearing retaliation.

115.333 (f) During tour and other unobstructed movement within the facility, Auditor Howell viewed PREA posters in the resident living units, classrooms, and common areas. Posters included the name, address, and phone number to report sexual abuse and sexual harassment. Auditor Howell also received a copy of and reviewed the PREA information in the brochure. PREA brochures and postings were observed in common areas of the building and observed in the lobby of Juvenile Detention Center building. Postings include the phone number for the Child Abuse Hotline 1 (800) 392-3738. The call is toll free and posted in each resident living unit. Auditor Howell called to verify the number was working and would be a resource for residents when they called. The Hotline representative confirmed the intent of and the free services provided.

Because the residents have not been receiving a comprehensive education within 10 days of intake the St. Louis County Juvenile Detention Center initially would have not met the standard of 115.333 (b), however the issue was corrected and a system installed for continued compliance.

Corrective Action Findings: None

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center PREA Policy Section 17 3. Training Documentation <p>Interviews included:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Manager 3. Hospital Forensic Unit Supervisor 4. Child Abuse and Neglect (OHI) <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.334 (a) In accordance with St. Louis County Juvenile Detention Center Policy, staff members cannot investigate allegations of sexual abuse. All investigations are conducted by outside agencies. therefore this section is N/A.</p> <p>115.334 (b) Because abuse investigations are the responsibility of the Missouri Out of Home Investigations (OHI) St. Louis County Juvenile Detention Center staff are not required to have specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Random staff interviews showed staff are trained on and understand evidence preservation standards. The Clayton Police investigative staff and OHI staff are trained in the areas necessary to conduct administrative and criminal sexual abuse investigations. This section is N/A.</p> <p>115.334 (c) St. Louis County Juvenile Detention Center did not provide documented proof of specialized training because the investigations are completed by outside agencies. This section is N/A.</p> <p>115.334 (d) Auditor is not required to audit this provision.</p> <p>Auditor Howell called OHI and confirmed they are the responsible agency for administrative investigation related to abuse and neglect allegations. As written in a letter from the Police Chief, the Clayton Police Department is responsible for criminal investigations at the Juvenile Detention Center.</p> <p>The facility meets the requirements of standard 115.334 (a-d).</p> <p>Corrective Action Findings: None</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Detention Center PREA Policy 3. Training Documentation 4. St. Louis County Detention Center PREA Training and Education Policy Section 5 5. St. Louis County Detention Center Training for PREA Protocol <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent 3. Medical Staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.335 (a) The St. Louis County Juvenile Detention Center Policies Section 17, Section 5, and Training for PREA Protocol all reference staff training. Paragraph C covers "Specialized Training for Mental Healthcare Personnel." It references mental healthcare practitioners who work regularly in the Center should be trained in their role in prevention, detection, physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations. During interviews, specialized staff gave examples of how they would detect and assess signs of sexual abuse and sexual harassment, preserve evidence, respond professionally to allegations of sexual abuse or harassment, and how to report allegations or suspicions of sexual abuse and harassment.</p> <p>115.335 (b) St. Louis County Juvenile Detention Center medical staff do not conduct forensic exams. The nurse interviewed as well as the Superintendent confirmed this fact. The supervisor at the Cardinal Glennon Children's Hospital confirmed via phone the trained and certified Forensic Unit medical staff conduct the exams for the Juvenile Detention Center.</p> <p>115.335 (c) Auditor Howell interviewed medical and mental health staff. The interview results and training documentation showed medical and mental health staff do receive PREA training, however because they do not conduct forensic exams, there was no proof of that training.</p> <p>115.335 (d) The St. Louis County Juvenile Detention Center Policy #12, page 8 section F states, "Staff that investigates allegations, mental health and medical staff shall also receive training on this topics as well as specialized training related to their role in prevention, detection, and the response process. The contracted medical and full time mental health staff confirmed in their interviews that they have received training in accordance with 115.331 and 115.332.</p> <p>Using information from interviews and documentation reviews (training records and policy reviews) the facility was determined to be in compliance with PREA Standard 115.335 (a-d).</p> <p>Corrective Action Findings: None</p>

115.341	Obtaining information from residents
	<p data-bbox="244 147 764 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1094 300">The following evidence was analyzed in the making of the compliance decision:</p> <p data-bbox="244 362 576 389">Documents reviewed included:</p> <ol data-bbox="277 443 1051 537" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy - Intake and Admissions 3. PREA Screening Instrument Form <p data-bbox="244 600 461 627">Interviews included:</p> <ol data-bbox="277 680 999 775" style="list-style-type: none"> 1. Intake Screening Staff 2. Director of Family and Clinical Services / PREA Compliance Manager 3. Random Resident <p data-bbox="244 801 539 828">Site Review / Observations:</p> <ol data-bbox="277 882 1107 909" style="list-style-type: none"> 1. There was no intake/admission to observe during the on-site portion of the audit. <p data-bbox="244 936 368 963">Provisions:</p> <p data-bbox="244 994 1477 1290">115.341 (a) St. Louis County Juvenile Detention Center PREA Policy does list that within 72 hours of a resident's arrival at the facility, the clinical staff perform screening that uses an objective screening instrument to obtain information about the youth's personal history and behavior (Tool title: PREA Screening Form) to reduce the risk of sexual abuse by or upon another youth. Upon review of the screening instrument form, Auditor Howell determined the screening instrument includes the elements required in provisions 115.341 a, b, and c. During discussions with intake staff and the Director of Clinical Services, Auditor Howell asked inquired about the admissions and assessment process. The staff interviewed consistently explained how the first thing youth do upon admission is spend time with the intake and clinical staff in the intake area of the building. PREA Auditor Howell toured the intake section of the building with the Superintendent and PREA Compliance Manager. The area included private space for individual and confidential assessment meetings.</p> <p data-bbox="244 1352 1450 1447">The intake staff stated the facility continues to gather information periodically throughout the youth's stay to reassess housing and supervision assignments based on incidents and periodically for residents who have an extended stay at the Detention Center.</p> <p data-bbox="244 1478 1487 1639">115.341 (b) The St. Louis County Detention Center policy states assessments are to be conducted using objective screening instruments within 72 hours of intake (PREA Policy, page 12, #6). PREA Auditor Howell reviewed completed youth assessments that were hosted on the secure Clinical Services computer server. Director of Family and Clinical Services Dr. Megan Schacht explained, the assessment process and what role the objective screening tool plays in the youth classification process.</p> <p data-bbox="244 1671 1430 1733">115.341 (c) In accordance with PREA Policy Section 17, page 12, the screening instrument, in use at St. Louis County Juvenile Detention Center does include the following information:</p> <ol data-bbox="277 1787 1477 2145" style="list-style-type: none"> 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 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 residents own perception of vulnerability

11. Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents

115.341 (d) Through a review of the electronic files, staff interviews, resident interviews and an interview with the PREA Compliance Manager, intake staff, and the Superintendent, Auditor Howell was able to ascertain that risk assessments were done in all eleven areas listed in 115.341 (c). This information was collected from conversations with the residents and a review of court records, case files, facility behavioral records, and other relevant documentation that is gathered upon the resident's arrival at the facility. The facility met the standard of this section.

115.341 (e) The Superintendent, PREA Compliance Manager, and intake staff indicated during interviews that the information obtained during the initial, and follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and access to prevent exploitation is controlled by password protecting the electronic records. Employees are only permitted to view the protected information on a need to know basis. The facility uses electronic screening tools and files for storing confidential resident information. A restricted password is necessary to access all protected information.

Based on the information learned in the interviews, document reviews, objective screening instrument demonstration, and the observations of the security in place to protect the confidential information, the facility is in compliance with standards of this section.

It should be noted that the staff involved in the screening process are licensed members of the facility Clinical team. Furthermore, the objective screening tools used were developed by the St. Louis County Juvenile Detention Center clinical team led by Dr. Megan Schacht, Director of Family and Clinical Services. The team approach observed and explained during the on-site audit exceeds the standards of this provision.

The facility exceeds the requirements of standard 115.341 (a-e).

Corrective Action Findings: None

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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 360 576 389">Documents reviewed included:</p> <ol data-bbox="276 441 841 568" style="list-style-type: none"> 1. PAQ 2. St. Louis City Juvenile Detention Center PREA Policy 3. PREA Screening Form 4. Resident Electronic Records <p data-bbox="244 598 461 627">Interviews included:</p> <ol data-bbox="276 678 743 840" style="list-style-type: none"> 1. PREA Manager 2. Superintendent 3. Random Residents 4. Random Staff 5. Staff Responsible for Risk Screening/Intake <p data-bbox="244 869 541 898">Site Review / Observations:</p> <ol data-bbox="276 949 794 1010" style="list-style-type: none"> 1. Intake and Assessment area. 2. Facility Tour - no isolation rooms were observed. <p data-bbox="244 1039 367 1068">Provisions:</p> <p data-bbox="244 1097 1492 1290">115.342 (a) St. Louis County Juvenile Detention Center Policy (Section 17, page 13) explains that the facility uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for youth. The electronic screening tool does provide an objective tool to aide in deciding housing, bed, program, education, and work assignments. Despite resident rooms being single occupancy rooms, housing assignments are discussed anytime there is an incident and moving kids room assignment is considered an intervention to keep residents safe and free from violence and/or abuse.</p> <p data-bbox="244 1321 1460 1449">115.342 (b) St. Louis County Juvenile Detention Center Policy (Section 17 page 13, Placement of Residents) allows residents being isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe. During the on-site phase of the audit PREA Auditor Howell walked freely through the facility and was given access to all areas as requested. At no time were isolation areas or isolation practices observed.</p> <p data-bbox="244 1478 1469 1606">If a youth were to be isolated for safety purposes, the reason would be documented along with the reason for no alternative to isolation shall be documented. Furthermore, Policy Section 17 states, "Regular exercise and other activities should continue." When asked what are considered "other activities" supervisor staff replied, "normal things like food, education, medical, and psychological services." There were no reported cases that required isolation or documentation of isolation.</p> <p data-bbox="244 1637 1481 1930">115.342 (c) The Superintendent, and PREA Compliance Manager explained the facility does not place LGBTQ residents on a special housing status/assignment or identification status as an indicator of vulnerability for sexual assault or harassment. Throughout both line staff and resident interviews, no one reported St. Louis County Juvenile Detention Center having a LGBTQ resident for the past 12 months. PREA Compliance Manager Schacht reported there was one transgender female admitted in the past 12 months. The youth was housed on the living unit of her choice - the girls living unit. The agency staff reported that if LGBTQ youth were in the program they would always refrain from considering lesbian, gay, bisexual, transgender, intersex, or questioning (LGBTQ) identification or status as an indicator or likelihood of being sexually abusive. Random staff interviews and a targeted resident interview revealed no special housing based on how a resident gender identifies.</p> <p data-bbox="244 1962 1460 2154">115.342 (d) The Random Staff, Intake Staff, Supervisors, Superintendent, and PREA Compliance Manager reported one LGBTQ identifying residents in the facility during the past 12 months. The staff interviewed stated the bed/housing assignments are made on a case by case basis and as with all youth the assignment would be based on resident choice while ensuring the residents health and safety, and whether placement would present management or security problems. During the on-site portion of the audit seven residents were assigned on a particular living unit due to their risk of violence. The observed staff to resident ratio on that living unit was 1:3.5.</p>

115.342 (e) The St. Louis County Juvenile Detention Center is designed for a short term length of stay, however some residents have resided at the facility almost one year. The Superintendent explained that long term stay residents are reassessed on a regular basis....at least every six months. During the audit there were no LGBTQ identifying residents at the facility. Regardless of who was at the facility during the audit, the practice of reassessing residents every six months meets the standard that transgender and intersex residents programming is reassessed at least twice per year.

115.342 (f) At the time of the audit there were no residents who identified as LGBTQ at the facility, therefore the auditor could not interview a resident in respect to them feeling like their own views were being considered in regard to housing assignments. The program's screening instrument(PREA Screening Form) used for all admissions does take into consideration the residents own views with respect to his or her own safety. Due to the number of open rooms and all of the existing residents residing in single occupancy rooms, Auditor Howell determined there was plenty of space to safely house and program juvenile residents.

115.342 (g) All residents shower separately from other youth and from the direct observation of staff. This practice would allow transgender and intersex residents the opportunity to shower separately from other residents. During the facility tours PREA Auditor Howell observed the shower rooms in each residential living area. The shower areas are private and the shower practice and protocols are also. All direct care staff and residents, in individual interviews, explained the same shower process that afforded privacy to the resident showering. All youth shower separately from other residents.

115.342 (h) St. Louis County Juvenile Detention Center Policy requires the staff document any student isolation or separation including 1. The basis for the facilities concern for the residents safety. 2. The reason why no alternative means of separation can be arranged.

115.342 (i) According to the Superintendent and the supervisory staff, in a case of a resident that is isolated as a last resort when less restrictive measures were inadequate the facility staff would review the need for continued separation from others on a weekly basis (meeting the maximum 30 day standard). The Superintendent confirmed the facility utilizes single rooms and does not use isolation for the protection of residents at risk of sexual victimization. As a result, the facility meets the intent of this standard.

Based on the information learned in the interviews, document reviews, and the observations of the auditor, St. Louis County Juvenile Detention Center is in compliance with standard 115.342 (a – i).

Corrective Action Findings: None

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 1067 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 329 576 358">Documents reviewed included:</p> <ol data-bbox="276 407 1051 636" style="list-style-type: none"> 1. PAQ 2. St. Louis County Detention Center Policy #17 PREA 3. St. Louis County Detention Center Policy #7 Residents Rights- Grievances 4. PREA Resident Curriculum 5. Universal Manual for Youth 6. Sexual Abuse and Assault Brochure 7. Detention Center Brochure <p data-bbox="244 665 461 694">Interviews included:</p> <ol data-bbox="276 743 501 871" style="list-style-type: none"> 1. PREA Manager 2. Superintendent 3. Intake Staff 4. Random Residents <p data-bbox="244 900 539 929">Site Review / Observations:</p> <ol data-bbox="276 978 708 1041" style="list-style-type: none"> 1. Intake assessment and orientation area. 2. Facility Tour <p data-bbox="244 1070 1484 1198">115.351 (a) St. Louis County Juvenile Detention Center provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. The St. Louis County Juvenile Detention Center Policy (page 14 section "Resident Reporting") lists the following options to report:</p> <ul data-bbox="276 1247 1361 1444" style="list-style-type: none"> • Report to any staff (Verbal or in writing using the grievance procedures or other means) • Report to a third party (policy allows third parties to assist residents in making reports) • Report in writing • Report verbally • Reporting anonymously is permitted • Reporting staff misconduct without having to first attempt to resolve the complaint with any detention staff. <p data-bbox="244 1473 1484 1601">Auditor Howell observed posters with the hotline phone number in areas residents had access to. Auditor Howell tested phone number and confirmed the number provided access to confidential resources outside the facility. The areas where the posters were present included living units, classrooms, hallways recreation and dining areas. Also observed were numerous grievance boxes where youth could put a note asking to speak with someone.</p> <p data-bbox="244 1608 1382 1671">In Random resident interviews, 10 of 10 youth could explain at least 3 of the 5 ways to report sexual abuse and/or harassment. 10 of 10 explained they would tell a staff or their parents.</p> <p data-bbox="244 1700 1492 1960">115.351 (b) St. Louis County Juvenile Detention Center provides at least one way for residents to report sexual abuse or harassment accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Page 15 "Other Reporting" lists reporting avenues for residents to report anonymously and to Third Parties. 10 of 10 random staff responded they believed they could report in more than one way. Per Anonymous and third party reports may be submitted to The Child Abuse Hotline 1 (800) 392-3738. This number was observed posted throughout the facility. This phone number was tested and confirmed two times by Auditor Howell. Hotline operator Nancy ID#34074 and confirmed the Hotline abuse and neglect procedures for taking and processing a call from the County Juvenile Detention Center. The Hotline is available 7 days per week and 24 hours per day. Anonymous calls are accepted.</p> <p data-bbox="244 2000 1477 2063">10 of 10 residents gave examples of "how" they would report to a Third Party. Responses included call the Hotline using the phone in the living unit, write on a grievance form, tell their lawyer during a visit, and tell a trusted staff member.</p> <p data-bbox="244 2092 1305 2121">The St. Louis Juvenile Detention Center does not detain residents solely for the civil immigration purposes.</p>

115.351(c) In accordance with St. Louis County Detention Center Policy #17 (page 15), any staff member shall accept reports of sexual abuse and sexual harassment from a detained juvenile or a third party, whether verbally or in writing, and shall promptly document any verbal reports. This was evident in the staff and resident responses during the in-person interviews. When asked about documenting verbal reports of sexual abuse and sexual harassment all of the non-supervisory staff responded that they would immediately share the report with their supervisor and once the residents had been determined safe (i.e. separated from the alleged aggressor and free from retaliation) the staff would document what they were initially told. Detention administrators also confirmed the process for accepting allegations from residents as well as third parties.

115.351 (d) St. Louis County Juvenile Detention Center provides residents access to grievance forms and writing instruments to privately make a written report. Auditor Howell observed grievance forms available and 10 Of 10 residents reported access to writing instruments. In interviews 10 of 10 residents reported that they believed they could file a confidential grievance or allegation of sexual abuse or harassment.

The St. Louis County Juvenile Detention Center staff can submit reports of allegations of sexual abuse or harassment of residents by submitting a report to the Detention Center administrators and by call the Child Abuse Hotline. The staff interviews revealed the staff understand the multiple reporting avenues they have and what the expectations are.

115.351 (e) St. Louis County Juvenile Detention Center has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The procedures are listed on page 14 of Policy #17. During staff interviews all interviewees gave the posted hotline phone number as an example of a way to privately and confidentially report. Staff also discussed learning the process in their initial PREA training.

Based on the information learned in the resident and staff interviews, document reviews, and the observed facility postings, the facility meets the requirements of standard 115.351 (a – e).

Corrective Action Findings: None

115.352	Exhaustion of administrative remedies
	<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 1069 300">The following evidence was analyzed in the making the compliance decision:</p> <p data-bbox="244 360 576 389">Documents reviewed included:</p> <ol data-bbox="276 441 887 568" style="list-style-type: none"> 1. St. Louis County Policy #17 PREA 2. St. Louis County Policy #7 Resident Grievance Procedure 3. St. Louis County Policy #2 Reporting Child Abuse/Neglect 4. Resident Handbook <p data-bbox="244 598 461 627">Interviews included:</p> <ol data-bbox="276 678 501 806" style="list-style-type: none"> 1. PREA Manager 2. Superintendent 3. Random Residents 4. Random Staff <p data-bbox="244 835 585 864">Site Review / Observations: N/A</p> <p data-bbox="244 925 367 954">Provisions:</p> <p data-bbox="244 983 1485 1178">115.352 (a) This standard does apply to St. Louis County Juvenile Detention Center because the facility does have administrative procedures to address resident grievances regarding sexual abuse and harassment. Auditor Howell confirmed through a review of facility policies, the Resident Handbook, and interviews that grievances regarding sexual abuse and harassment are immediately treated as a PREA allegation and the appropriate steps of reporting and follow up are implemented. The Superintendent was asked, "What would happen if a written grievance, related to sexual abuse or harassment, was found in a grievance box?" Her reply was, "we would treat it like any other PREA allegation."</p> <p data-bbox="244 1207 1477 1368">115.352 (b) Auditor Howell found no evidence of timelines or restrictions on grievances for reporting sexual abuse or sexual harassment. Per policy and found in staff and resident interviews, youth are not required to use any particular reporting manner (i.e. informal grievance, internal problem solving, or making it mandatory to address the staff they are reporting). A review of the resident rights, Resident Handbook, and Grievance Policy showed no evidence of limiting their legal reporting rights of a juvenile in the County Detention center.</p> <p data-bbox="244 1397 1477 1458">115.352 (c) In accordance with St. Louis County Juvenile Detention Center policy and as confirmed in the resident and staff interviews:</p> <p data-bbox="244 1464 1485 1559">A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Page 14 of Policy #17 states, "Reports shall not be submitted to or referred to staff members who are the subject of a complaint nor shall residents be required to first attempt to resolve their complaint informally with any detention staff."</p> <p data-bbox="244 1588 1458 1648">10 of 10 residents confirmed they could file a complaint against a staff members without the grievance going to the staff in question. Auditor Howell received responses such as;</p> <p data-bbox="244 1655 445 1684">I would tell my Mom</p> <p data-bbox="244 1691 459 1720">I would tell my lawyer</p> <p data-bbox="244 1727 499 1756">I would tell the supervisor</p> <p data-bbox="244 1762 552 1792">I would tell (trusted staff name)</p> <p data-bbox="244 1821 362 1850">115.352 (d)</p> <ol data-bbox="244 1856 1477 2136" style="list-style-type: none"> 1. All grievances and allegations related to sexual abuse and harassment are referred to the the Clayton Police Department for criminal investigations. The Out of Home Investigations (OHI) or Children's Division may conduct the administrative investigations. During a telephone conversation, the agencies staff acknowledged the expected PREA guidelines and said they complete their portion of the investigation as soon as possible. This would allow St. Louis County Juvenile Detention Center to issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. 2. The St. Louis Juvenile County Detention Center PREA Manager acknowledged that if they determined that the 90-day

timeframe is insufficient they would refer to the PREA standards and make an appropriate decision and claim an extension of time and notify the resident in writing of any such extension and provide a date by which a decision will be made. Through interviews of residents, interviews of staff, and a review of the grievances of the past 12 months Auditor Howell found zero allegations or grievances that met the standards of sexual abuse or harassment.

3. Although unlikely, if all of the time limits of 1 and 2 of this section (d) are exhausted and the resident does not receive a written response the youth could contact their lawyer, guardian, Deputy Juvenile Officer, or Child Abuse Hotline.

115.352 (e) St. Louis County Juvenile Detention Center accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Auditor Howell observed Third Party reporting information in the public entrance to the Juvenile Detention Center.

1. According to St. Louis County Juvenile Detention Center Policy #17 (page 14), verbal reports received residents, anonymous reports and from third party reports shall be received and documented.

2. The Superintendent, PREA Manager, and Supervisors explained, third parties are permitted to file such requests on behalf of residents.

3 If a resident were to decline to have a third-party request processed on his or her behalf, the St. Louis County Juvenile Detention Center staff would document the resident's decision.

4. St. Louis County Juvenile Detention Center accepts third party allegations and grievances from anyone, this includes the parent or legal guardian of a juvenile. the facility does not require such a grievance be conditioned on the juvenile agreeing to having the request filed on his/her behalf.

5. The Family Court Administrator and Superintendent made it clear all allegations of sexual abuse and harassment are taken seriously and followed up per PREA standards. No grievances would be conditioned upon the juvenile agreeing to have a request filed on his behalf.

115.352 (f)

1. St. Louis County Juvenile Detention Center has confidential grievance boxes and has an open-door policy to the Supervisors office. PREA Auditor Howell observed residents using this avenue to talk to a Shift Supervisor in private. If a resident informally asked to speak with Superintendent Kellie Landaker, she would stop what he was doing and speak with the youth. Additionally, a resident can call the Child Abuse Hotline at anytime. These procedures meet the standard of having an established procedure for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

2. The St. Louis County Juvenile Detention Center's administrators maintain constant communication with the direct care staff, supervisors and residents. Any grievance or complaint alleging a resident is subject to a substantial risk of imminent sexual abuse, in accordance with Policy #17 page 14 section Staff Reporting, the matter would be immediately reviewed at the highest level of the Detention Administration and forwarded to the Clayton Police Department and the Children's Division for investigative processing.

3. After receiving an emergency grievance, either the Superintendent or PREA Manager would provide an initial response within 48 hours.

4. The same Juvenile Detention Center Administrators (Superintendent and PREA Manager) are responsible for providing a final agency decision within five calendar days.

5, 6, 7. Because the St. Louis County Juvenile Detention Center does not conduct any investigations and any grievance related to sexual abuse and harassment would be turned over to the authorities (Children's Division, OHI, Clayton Police Department), they could be considered exempt from the standards listed in #5,6, and 7 of this section. However, the policy does address emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse would be reviewed for immediate corrective action. The Superintendent, Director of Family & Clinical Services / PREA Manager, and Supervisors did place a high level of priority related to appropriately communicating with residents on all resident safety concerns. This was observed by Auditor Howell while on the facility tour and while on site conducting interviews and observing overall operations. Staff were constantly talking with the residents, not just talking at them. Administrators and Supervisors had a positive rapport with both the students and direct care staff.

115.352 (g) The St. Louis County Juvenile Detention Center may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. Auditor Howell found no grievances filed over the past 12 months alleging sexual abuse or harassment.

Throughout facility staff interviews, outside agency interviews, and document reviews Auditor Howell found zero grievances

filed for the purpose of reporting sexual abuse or harassment. In the interviews the residents all reported feeling safe at the facility and that they could file an allegation without fear of retaliation. The random staff interviews revealed the staff were aware of the resident and third part grievance procedures. The grievance procedure (Policy #7, page 2, #4) includes avenues for filing an appeal.

As a result of the auditor observations while on campus, reviews of resident grievances, and interviews of staff and residents this auditor has determined the facility meets the requirements of standard 115.352 (a – g).

Corrective Action Findings: None

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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 362 582 389">Documents reviewed included -</p> <ol data-bbox="276 443 1126 703" style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. St. Louis County Juvenile Detention Center Policy #7 - Grievance 3. St. Louis County Juvenile Detention Center Policy #8 - Communicatons 4. MOU between Children's Advocacy Centers and Family Court of St. Louis County. 5. PREA Brochure 6. PREA Posters 7. Facility Schematics 8. Resident PREA Curriculum <p data-bbox="244 734 459 761">Interviews included:</p> <ol data-bbox="276 815 762 972" style="list-style-type: none"> 1. Superintendent 2. Intake Staff 3. Supervisory Staff 4. Random Residents 5. Children's Advocacy Services Representative <p data-bbox="244 1003 539 1030">Site Review / Observations:</p> <ol data-bbox="276 1084 1185 1142" style="list-style-type: none"> 1. Telephone locations and resident ability to make confidential calls. 2. Rooms provided for confidential resident meetings with lawyers, advocates, and parents <p data-bbox="244 1173 1485 1464">115.353 (a) The St. Louis County Juvenile Detention Center Policy outlines how all residents have access to outside confidential support services related to sexual abuse and harassment. The facility provides information through living unit and common area building postings that include mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. 10 of 10 residents interviewed confirmed they believed a call to outside support services would be private and confidential. When interviewed, the residents confirmed they could ask for privacy when speaking with their attorney or an outside advocacy service. 10 random staff and 3 administrative staff interviewed confirmed residents were provided private and confidential phone calls upon request. Due to COVID restrictions there have been limited in-person attorney meetings or parental visits in the past 12 months.</p> <p data-bbox="244 1496 1465 1554">Auditor Howell observed and called to confirm the following phone number posted in the resident living areas, dining room, and classrooms- Missouri Child Abuse and Neglect Hotline 1-800-392-3738</p> <p data-bbox="244 1585 1473 1747">The facility also provides residents with information about outside victim advocates for emotional support services by giving the residents brochures for the Child Abuse and Neglect Hotline. The brochure does not include a mailing address for residents to correspond by mail. Auditor Howell called the phone number on the brochure and spoke to a hotline staff about the confidential services offered to callers. Hotline staff Nancy (ID#34074) reported no calls on record from the St. Louis County Juvenile Detention Center in the past 12 months.</p> <p data-bbox="244 1778 1433 1836">The St. Louis County Juvenile Detention Center does not provide services for youth detained solely for civil immigration purposes, therefore no postings or brochures include contact information for immigration services.</p> <p data-bbox="244 1868 1485 2029">115. 353 (b) 10 of 10 residents reported during their interviews that upon admission they received information on how to access outside confidential support services and that they believed they could make confidential calls upon request. 10 of 10 residents, one intake staff, and the PREA Manager confirmed the residents are informed 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.</p> <p data-bbox="244 2038 1445 2159">Auditor Howell observed the PREA posters with toll free numbers to access confidential support services. Auditor Howell tested the phone numbers and confirmed the process was established and working. 10 of 10 random staff and 2 of 2 administrative staff confirmed in their respective interviews that the resident phone calls could be made in a confidential manner upon request.</p>

115.353 (c) The Children's Advocacy Services of Greater St. Louis provides the St. Louis County Juvenile Detention Center residents with confidential emotional support services related to sexual abuse and harassment. Services are free of charge and can be provided in person or by phone. Auditor Howell confirmed the services are available and applicable to PREA Standard 115.353 by internet research and calling and speaking with Children's Advocacy Services representatives. An MOU between Children's Advocacy Services of Greater St. Louis and Family Court of St. Louis County confirmed compliance with this provision.

115.353 (d) In accordance with Policy Section #7 page 1 and Section #8 page 1, the St. Louis County Juvenile Detention Center does provide residents with reasonable and confidential access to their attorneys or legal representation, parents, and legal guardians. Residents are informed of this right upon admission. Intake staff explained residents are verbally told to request a call or meeting. The Resident Handbook explains the residents have a right to visit in private with their lawyer. In-person visits from parents and legal guardians have been limited in the past year due to COVID restrictions, however during a facility tour Auditor Howell observed a private meeting between a resident and his attorney. In the interviews 10 of 10 residents all reported feeling safe at the Juvenile Detention Center and that they could make confidential contact with legal representatives or other outside service resources to receive emotional support services as needed.

The documentation reviewed, information received through interviews, and what was observed on tour of the facility led Auditor Howell to determine the facility meets the requirements of standard 115.353 (a – d).

Corrective Action Findings: None

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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="277 409 930 568" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy #17 - PREA 3. PREA Posters 4. Sexual Abuse and Assault Brochure 5. Juvenile Detention Center Brochure <p data-bbox="244 600 461 627">Interviews included:</p> <ol data-bbox="277 678 501 770" style="list-style-type: none"> 1. PREA Manager 2. Random Residents 3. Random Staff <p data-bbox="244 801 539 828">Site Review / Observations:</p> <ol data-bbox="277 880 469 907" style="list-style-type: none"> 1. Facility postings <p data-bbox="244 938 368 965">Provisions:</p> <p data-bbox="244 1025 1490 1187">115.354 (a) The St. Louis County Juvenile Detention Policy Section 17 (page 14) describes the procedures for to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a youth. The policy describes the procedure of receiving PREA allegations in writing, verbally, or anonymously from Legal Counsel, Parents, and Guardians. The Juvenile Detention Center "What to Know About Sexual Abuse and Assault" provides an explanation on how to make third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="244 1252 1458 1346">Random staff interviews revealed the staff are aware of the Third Party reporting expectations. 10 of 10 staff reported they would accept a Third Party report and follow the facility procedures. During interviews, all of the residents explained there was someone out side the facility they could report an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="244 1411 1437 1469">When contacted by Auditor Howell, the Hotline staff explained they would accept a Third Party report of sexual abuse or harassment.</p> <p data-bbox="244 1478 1490 1572">Auditor Howell observed the posting of the 3rd party reporting procedure posted on wall hangings in the visitor entrance to the facility. Also, the Juvenile Detention Center Brochure explains, "Anyone can report concerns including third parties such s other youth, family members, attorneys and advocates."</p> <p data-bbox="244 1637 1466 1695">Through gathering information in interviews, observing the on-site wall hangings, and reviewing related policies it was determined the facility meets the standards listed in 114.354.</p> <p data-bbox="244 1760 603 1787">Corrective Action Findings: None</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy #17 - PREA 3. Human Resources Policy Part VI - Section C: Disciplinary Articles 4. St. Louis County Juvenile Detention Center Policy #2 - Reporting Child Abuse 5. PREA Posters <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Residents 3. Random Staff 4. Hotline Representative 5. Intake Staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. Facility Postings <p>Provisions:</p> <p>115.361 (a & b) St. Louis County Juvenile Detention Center Policy #2 page 2 clearly states, As mandated reporters o child abuse and neglect, all Detention Center staff shall immediately report suspected or observed child maltreatment..." Furthermore, Policy #17 page 8, the St. Louis County Family Court Juvenile Detention Center staff shall immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment." The same policy section describes the process staff must follow when staff have knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. The policy the sentence, "require all staff to report immediately." Policy #2 , page 1, Reporting Child Abuse/Neglect states, "all employees of the St. Louis County Family Court Juvenile Detention Center are mandated reporters of abuse and neglect." Section 2, page 1, #1 describes how the agency requires all staff to comply with the applicable mandatory child abuse reporting laws. The applicable law referenced is 210.115.1 of the Revised Statutes of the State of Missouri.</p> <p>115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, according to the St. Louis County Juvenile Detention Center policy staff are 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. Policy #17 page 16 states, "Staff is prohibited 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."</p> <p>115.361 (d) The County Juvenile Detention Center does have both medical and mental health staff. Through interviews, Auditor Howell learned both the mental health and medical practitioners understand they are 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. The medical staff and the mental health practitioner interviewed reported they are required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>115.361 (e) In accordance with Policy #2 page 1, upon receiving any allegation of sexual abuse or neglect, the Chief Juvenile Officer or designee shall call the Child Abuse Hotline. In addition, the facility head shall promptly notify the alleged victims parents or legal guardians and his or her attorney and Court caseworker. If the juvenile court retains jurisdiction of the alleged victim the assigned court representative is notified by the facility Superintendent. Though the PREA Audit interview process, Auditor Howell learned the Superintendent and PREA Compliance Manager have a good understanding of the reporting processes.</p> <p>115.361 (f) in the past 12 months, there were zero allegations of sexual abuse that required a call to the investigative authorities. Interviews of key staff and a review of related policy demonstrate the facility is aware of the requirements to</p>

immediately report all allegations of sexual abuse and sexual harassment, including third party anonymous reports, to the Clayton Police Department.

Based on the information found through documentation reviews, interviews, and facility postings the facility meets the requirements of standard 115.361 (a-f).

Corrective Action Required: None

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy #17 <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Agency Head 3. Superintendent 4. Random Residents 5. Random Staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. Facility Postings <p>Provisions:115.362 (a) Interviews of random staff as well as administrators revealed 10 of 10 random staff of St. Louis County Juvenile Detention Center staff understand that when anyone learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident. The Juvenile Detention Center Policy #17 page 17 - Protection supports this standard (115.362). All staff interviewed discussed separating a resident that was at risk. Because the facility does not utilize isolation the separation procedures shared by staff included changing room assignments so alleged victims and perpetrators would be on separate living units and providing one on one supervision to both individuals. If the alleged perpetrator is a staff, he/she would be suspended from working directly with the residents until the investigation is complete. The St. Louis County Juvenile Detention process removes the person (staff or resident) who is causing the imminent risk of sexual abuse or harassment.</p> <p>During resident interviews the residents expressed trust in the facility reporting and response process. In interviews staff were able to explain the process of receiving a report, making a report, separating the alleged victim from the perpetrator, protecting evidence, and documenting everything.</p> <p>In addition, answers provided in individual interviews of administrators such as the Agency Head, Superintendent, and PREA Compliance Manager demonstrated the Juvenile Detention Center's management team knowledge of provision 115.362.</p> <p>Based on information received from interviews, documentation reviews, and public postings, the facility meets the requirements of standard 115.362.</p> <p>Corrective Action Required: None</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy #17 - PREA 3. St. Louis County Juvenile Detention Center Policy #2 - Child Abuse and Neglect <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent 3. Random Staff 4. Chief Juvenile Officer <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.363 (a - b) As listed in the policy, upon receiving an allegation that a resident was sexually abused while confined at another facility, the administrator receiving the allegation at the facility does notify the appropriate investigative agency (in this case the Clayton Police Department) immediately and then, within 72 hours, the head of the facility or appropriate office of the agency where the alleged abuse allegedly occurred. During interviews of the Superintendent, PREA Compliance Manager, Chief Juvenile Officer, and Random Staff, all interviewees reported there had not been such a report during the past 12 months. None of the staff interviewed could recall an incident where this notification procedure was necessary.</p> <p>115.363 (c) the St. Louis County Juvenile Detention Center intake screening documents and logs appeared to be well organized and substantially complete when reviewed by PREA Auditor Howell. There was no evidence of documentation that abuse allegations related to other facilities were made and there were no allegations of abuse or harassment reported at the facility in the past 12 months</p> <p>115.363 (d) Both the Superintendent and PREA Compliance Manager, and Chief Juvenile Officer explained their knowledge of the reporting requirements related to sexual abuse and harassment. They all made it clear they would report any allegation and make sure the report was investigated in accordance with all PREA standards.</p> <p>Based on the review of available documentation and interviews of the administrators and various direct care staff the facility was determined to be in compliance with the requirements of standard 115.363 (a-d).</p> <p>Corrective Action Required: None</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy #17 - PREA 3. Coordinated First Responder Plan 4. Staff PREA Training <p>Interviews included:</p> <ol style="list-style-type: none"> 1. Assistant Superintendent / PREA Manager 2. Random Staff 3. First Responder Staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.364 (a) According to the St. Louis County Juvenile Detention Center Policy #17 page 9 Initial Staff Response, upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser and then preserve and protect the crime scene. The random staff interviewed also claimed they were trained that the initial staff receiving a report of sexual abuse is also expected to request the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, etc..</p> <p>115.364 (b) The St. Louis County Juvenile Detention Center staff are all trained to respond in the same manner. Regardless if they are a security staff member or not, all responders are trained to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence, and then report the incident per policy.</p> <p>The evidence used to determine compliance with this standard was the PREA policy review, staff training curriculum review, and first responder staff interviews.</p> <p>The facility meets the requirements of standard 115.364 (a-b).</p> <p>Corrective Action Required: None</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis City Juvenile Detention Center Policy #17 - PREA 2. Coordinated First Responder Plan <p>Interviews included:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Random Staff 4. First Responder Staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.365 (a) The St. Louis County Juvenile Detention Center Coordinated First Responder Plan provides specific guidelines for a staff's response to allegations of sexual abuse and sexual harassment. The plan includes each position's role and specific action they are expected to take including first responders, mental health staff, administrators, and leadership. The PREA Compliance Manager explained the facilities coordinated response plan. In interviews, the Superintendent, random staff and First Responders could also articulate the process.</p> <p>Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 155.365.</p> <p>Corrective Action Required: None</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 the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis County Juvenile Detention Policy #17- PREA 2. Staff files <p>Interviews included:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Human Resources Manager 4. Random Staff <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.366 (a) There are no agreements in place that would prohibit the St. Louis County Juvenile Detention Center from removing staff alleged to be involved in sexual abuse or sexual harassment. Juvenile Detention Center policy states alleged sexual abusers or harassers can be removed from contact with residents pending investigations and/or final outcomes, including discipline that is warranted, related to allegations of sexual abuse and harassment.</p> <p>Interviews of the Superintendent, PREA Compliance Manager, Human Resources Manager, and Random Staff provided no evidence that the facility participates in a collective bargaining processes that would limit PREA compliance.</p> <p>115.366 (b) The auditor is not required to audit this provision.</p> <p>Through staff interviews and file audits, PREA Auditor Howell determined the facility meets the requirements of standard 115.366.</p> <p>Corrective Action Required: None</p>

115.367	Agency protection against retaliation
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="276 409 930 504" style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. PAQ 3. Staff files <p data-bbox="244 533 461 560">Interviews included:</p> <ol data-bbox="276 611 611 739" style="list-style-type: none"> 1. Superintendent 2. Assistant Director of Detention 3. Chief Juvenile Officer 4. Random Staff <p data-bbox="244 824 539 851">Site Review / Observations:</p> <ol data-bbox="276 902 363 929" style="list-style-type: none"> 1. None <p data-bbox="244 960 1473 1088">115.367 (a) The County Juvenile Detention Center has a policy (Policy #17 , page 17) that calls for designated staff provide protection against retaliation 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. The Superintendent is the staff designated to monitoring retaliation against staff or residents that report sexual abuse or harassment.</p> <p data-bbox="244 1120 1430 1180">Staff members designated as responsible for monitoring retaliation were Kellie Landaker - Superintendent, Ptah Walls - Assistant Director, and Megan Schacht- Director of Family & Clinical Services / PREA Compliance Manager.</p> <p data-bbox="244 1211 1489 1435">115.367 (b) The agency employs multiple protection measures for staff and residents that fear retaliation for reporting sexual abuse or sexual harassment. Measures include housing transfers, removal of alleged abuser from contact with the alleged victim, and emotional support services, for youth or staff who fear retaliation. During the on-site audit, PREA Auditor Lawrence Howell asked the Superintendent reasons that would necessitate the movement of residents from one hallway to another. Superintendent Landaker explained how the staff would discuss and agree on room moves to avoid incidents based on disagreements between peers. This was not sexual abuse or sexual harassment related; however, it was a demonstration that the facility did implement proactive protection/intervention measures to avoid negative incidents among the residents.</p> <p data-bbox="244 1467 1473 1697">115.367(c, d, e) Detention Administration is responsible for protecting staff and residents who report sexual abuse and sexual harassment. In accordance with facility policy (#17, page 17 Protection against Retaliation) for at least 90 days (or until when the allegation is unfounded): the designated manager (Superintendent, Assistant Director, or PREA Compliance Manager) is tasked with protecting residents from retaliation. The person charged with monitoring the staff and residents for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews. This Superintendent, Assistant Director, and PREA Compliance Manager are expected to conduct periodic status checks on the alleged victim and act promptly to remedy any retaliation.</p> <p data-bbox="244 1729 1489 1856">Because there were zero allegations that met the standards of sexual abuse or sexual harassment during the last 12 months, Auditor Howell was unable to review documentation which would prove or disprove compliance with this standard. Interviews of the key staff designated as those responsible for monitoring for retaliation resulted in the individuals interviewed being able to explain measures they would employ to protect residents.</p> <p data-bbox="244 1888 1409 1948">As a result of the evidence considered (interviews, policy review, and staff file reviews), the facility meets the requirements of this standard 115.367 (a-e).</p> <p data-bbox="244 1980 606 2007">Corrective Action Required: None</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy 2. PAQ 3. Facility Schematic 4. Incident reports 5. Resident Files 6. Interviews included: 7. Superintendent 8. PREA Compliance Manager 9. Medical and Mental Health Staff 10. Random Staff 11. Random Residents <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. Campus tour <p>115.368 (a) St. Louis County Juvenile Detention Center does not have or implement the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. As observed on the facility tour, the facility does not utilize segregated housing in the living units.</p> <p>As reported on the PAQ,, given as responses during staff and student interviews, and discovered during living unit log reviews; In the past 12 months the number of residents who allege to have suffered sexual abuse who were placed in isolation is zero. 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 is zero. The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization is zero.</p> <p>Evidence considered in making a compliance decision included the following: Documentation reviewed to determine compliance included incident reports and resident case files to determine if isolation is used at all at the St. Louis County Juvenile Detention Center. Interviews included administrators, random staff, and residents. Observations included each building on campus to determine if there was an isolation area. Auditor Howell could not find evidence that isolation is used at the facility.</p> <p>As a result of the evidence considered, the facility meets the requirements of standard 115.368.</p> <p>Corrective Action Required: None</p>

115.371	Criminal and administrative agency 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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 582 358">Documents reviewed included -</p> <ol data-bbox="277 409 930 470" style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. Staff Files <p data-bbox="244 499 461 526">Interviews included:</p> <ol data-bbox="277 577 467 705" style="list-style-type: none"> 1. Superintendent 2. PREA Manager 3. Random Staff 4. Clinical Director <p data-bbox="244 734 539 761">Site Review / Observations:</p> <ol data-bbox="277 813 347 840" style="list-style-type: none"> 1. N/A <p data-bbox="244 869 367 896">Provisions:</p> <p data-bbox="244 960 1473 1088">115.371 (a) When interviewed the PREA Manager and the Superintendent explained that when an allegation is made, they first ensure the alleged residents involved are safe and the potential crime scene is not disturbed. They then call the Hotline and the Clayton Police as soon as possible. When asked specifically how long it takes to initiate an investigation the PREA Manager replied, "immediately."</p> <p data-bbox="244 1153 1493 1379">At the St. Louis County Juvenile Detention Center, the investigating authorities are the Clayton Police Department for criminal and administrative investigations. Both the PREA Manager and the Superintendent said anonymous or third party allegations would not be treated any different than any other allegation of sexual abuse or harassment. There were no investigation documents to review because there were no allegations that met the standards of sexual abuse or harassment reported in the past 12 months. It should be noted critical incident review documentation showed one potential allegation of sexual harassment in 2021 and two in 2022. All three did not meet the PREA definition of harassment and the incident review determined the incident unfounded.</p> <p data-bbox="244 1411 1493 1538">115.371 (b & c) The St. Louis County Juvenile Detention Center refers all investigations related to sexual abuse and sexual harassment to the Clayton Police Department. When contracted by Auditor Howell the Clayton Police Detective confirmed the departments investigative responsibilities at St. Louis County Juvenile Detention Center. From discussions with the police department representatives, Auditor Howell was able to confirm the investigation process includes;</p> <ol data-bbox="277 1590 1455 1951" style="list-style-type: none"> 1. Investigators are required to stay current on sexual assault training techniques and relevant information. 2. Training includes: <ol data-bbox="341 1657 1350 1785" style="list-style-type: none"> 1. Techniques for interviewing juvenile sexual abuse victims. 2. Proper use of Miranda and Garrity warnings. 3. Sexual abuse evidence collection in confinement settings. 4. The criteria and evidence required to substantiate a case for administrative or prosecution referral. 3. The investigation process, including gathering of evidence. 4. Investigation relate to juveniles are initiated immediately upon receiving a report. 5. Third party or anonymous reports of sexual abuse or sexual harassment are not handled any different. 6. The District Attorney's office is consulted throughout all investigations in case prosecutions are the end result of the investigations. <p data-bbox="244 1982 1458 2110">During an interview of the Cardinal Glennon Children's Hospital SANE certified nurse and Unit Supervisor, she explained they work closely with the investigators from the Police Department during sexual abuse investigations involving juveniles. This includes training the investigators on evidence preservation and collaborating on individual cases involving alleged sexual assault.</p>

115.371(d) St. Louis County Juvenile Detention Center management (Superintendent, Supervisors, and PREA Manager) reported in separate interviews that the facility administrators would refrain from terminating an investigation solely because the source of the allegation recants the allegation, or the alleged abuser or victim departs from the facility. Because the facility did not have any closed investigations reported in the past 12 months, Auditor Howell could not ascertain a reason to determine non-compliance with this provision.

Additionally, the police department does not terminate investigations solely because the source of the allegation recants the allegation.

115.371 (e) The facility reported zero allegations that met the PREA standards of sexual abuse or harassment, therefore there were zero investigations for the auditor to review. The St. Louis County Juvenile Detention Center management staff did report they would do nothing related to an on-going investigation unless it was pre-approved or requested by the investigating agency (Clayton Police Department). This would include compelling interviews. Prior to taking steps that will be included in a criminal prosecution, the policy department consults the District Attorney Office throughout all sexual assault investigations. This constant communication allows the investigators to receive consultation on processes such as whether to conduct compelled interviews.

115.371 (f) The St. Louis County Juvenile Detention Center accepts all allegations of abuse or harassment regardless of 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. All allegations are submitted to Hotline and forwarded to the Clayton Police Department. When interviewed, the Superintendent confirmed the facility does not judge the person or the allegations, nor require a polygraph or other truth telling device as a condition for proceeding. She stated they immediately would forward all allegations of sexual abuse and sexual harassment to the proper authorities as listed in facility policy.

115.371 (g) In accordance with Policy 17 page 19, Post Incident Review, "Detention Administration conducts an incident review preferably within 30 days of the conclusion of every sexual abuse investigation (unless determined unfounded). The purpose of the review is to identify the cause of the sexual abuse incident and whether a change in policy, practice, or operations would serve to reduce the likelihood of a re-occurrence. A review team is assembled for this purpose shall prepare a report of its findings and recommendations."

115.371 (h) Because there were zero investigations, Auditor Howell was unable to determine compliance or non-compliance as to whether criminal investigations were 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.

115.371 (i) In accordance with St. Louis County Juvenile Detention Center policy all criminal investigations are referred to the Clayton Police Department. Any determination to pursue prosecution is determined by the District Attorney's office.

115.371 (j) The St. Louis County Juvenile Detention Center PREA Manager reported that in the case of investigations such as those referenced in 115.371(g) and (h) they would retain those files as long as the abuser is incarcerated or employed plus five years unless the abuse was committed by a juvenile resident an applicable law requires a shorter period of retention.

115.371 (k) St. Louis County Juvenile Detention Center does not conduct sexual abuse investigations, therefore has no control on the progress or outcome. As confirmed in a Clayton Police Representative interview, the Police do not terminate an investigation based on the departure of an alleged abuser or victim from the employment at the facility.

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

115.371. (m) Administrative staff interviewed, and facility policy confirmed the St. Louis County Juvenile Detention Center staff would cooperate with outside sexual abuse investigators and endeavor to remain informed about the progress of the investigation as appropriate. 10 of 10 staff confirmed they would participate in the investigation as requested by an outside investigative authority. The Superintendent, PREA Manager, and Supervisors all explained that they would fully cooperate with outside agencies investigating sexual abuse and sexual harassment and they would remain involved until the investigation was complete.

Based on the documentation reviewed and information learned from facility staff interviews and outside agency interviews the auditor determined St. Louis County Juvenile Detention Center to be compliant with standard 115.371 (a-m).

Corrective Action Required: None

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included -</p> <ol style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy 17 2. Children's Advocacy Services of Greater St. Louis Agreement <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Superintendent 3. Agency Head 4. Random Staff 5. Outside Agency Investigative Staff 6. Hospital Forensic Nurse <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. N/A <p>Provisions:</p> <p>115.372 (a) 3 of 3 facility administrators (Superintendent, PREA Manager, and Agency Head) , reported no allegations or investigations in the past 12 months. Outside agencies reported no knowledge of St. Louis County Juvenile Detention Center related allegations or investigations in the past 12 months. The St. Louis County Detention Center does not conduct criminal investigations into allegations of sexual abuse or sexual harassment. All investigations are conducted by outside agencies. Once an investigative agency substantiates an allegation of abuse the St. Louis County Juvenile Detention Center may take disciplinary action against the staff involved. The Clayton Police Department representative reported the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>Because there were no reported allegations or investigations during the past 12 months, a review of facility policy, and interviews with outside agency representatives, auditor Howell determined the facility meets the requirements of standard 115.372 (a)</p> <p>Corrective Action Required: None</p>

115.373	Reporting to 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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 362 576 389">Documents reviewed included:</p> <ol data-bbox="277 443 815 501" style="list-style-type: none"> 1. St. Louis City Juvenile Detention Center Policy #17 2. Staff Files <p data-bbox="244 533 461 560">Interviews included:</p> <ol data-bbox="277 613 592 703" style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent 3. Random Residents <p data-bbox="244 734 539 761">Site Review / Observations:</p> <ol data-bbox="277 815 347 842" style="list-style-type: none"> 1. N/A <p data-bbox="244 904 368 931">Provisions:</p> <p data-bbox="244 963 1469 1187">115.373 (a) Policy #17 (page 19 Notice of Conclusion of Investigation) states that upon the conclusion of the investigation, the agency shall request relevant information from the investigative agencies in order to inform the resident whether the allegation was determined substantiated, unsubstantiated or unfounded. following an investigation of sexual abuse and receipt of the investigation agency's finding or findings, the facility shall inform the youth the determined outcome. The Assistant Superintendent or Superintendent are designated point person with outside investigative entities. The designee is responsible for informing a resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="244 1218 1469 1348">115.373 (b) St. Louis County Juvenile Detention Center does not conduct investigations, the agency policy (Policy 17, page 19) on investigations states the facility shall request the information from the investigating agency in order to inform the resident." Because there were no investigations reported during the past 12 months, therefore there were no outcomes and notifications to verify.</p> <p data-bbox="244 1379 1469 1509">115.373 (c) St. Louis County Juvenile Detention Center Policy #17 states that following a resident's allegation that a staff member committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is indicted, convicted, or transferred from the resident's living unit or from employment at the Juvenile Detention Center.</p> <p data-bbox="244 1541 1469 1706">PREA Auditor Lawrence Howell could not review any examples of documented proof of resident notification (in accordance with 115.373 (c) because there were no reported allegations. Auditor Howell was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months at the facility. 10 of 10 residents interviewed answered "no" when asked if they had, or if they were aware of any other resident that had reported sexual abuse or harassment at St. Louis County Juvenile Detention Center.</p> <p data-bbox="244 1738 1469 1832">115.373 (d) St. Louis County Juvenile Detention Center policy does address this provision on page 20 of Policy #17. It states, "Subject to laws governing confidentiality, the resident shall be informed if and when a resident alleged to have committed the sexual abuse is charged with or is found to have committed the act of sexual abuse."</p> <p data-bbox="244 1863 1469 2029">The facility administration could not provide any examples of documented proof of resident notification (in accordance with 115.373 (d) because there were no reported allegations in the past 12 months. Auditor Howell was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months and 10 of the 10 remaining residents said they were not aware of any allegations of sexual abuse or harassment during their time at the facility.</p> <p data-bbox="244 2056 1469 2119">115.373 (e) The facility administration did not have any examples of documented proof of resident notifications (in accordance with 115.373 (e) because there were no reported allegations during the past 12 months.</p>

Because there were no reported allegations or investigations during the past 12 months, a review of facility policy, and interviews with facility representatives, auditor Howell determined the facility meets the requirements of standard 115.373 (a - e)

Corrective Action Required: None

115.376	Disciplinary sanctions for staff
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="277 409 930 537" style="list-style-type: none"> 1. PAQ 2. St. Louis County Juvenile Detention Center Policy #17 - PREA 3. Human Resources Policy Manual IV 4. Human Resources Policy - Disciplinary Articles <p data-bbox="244 566 461 593">Interviews included:</p> <ol data-bbox="277 645 592 772" style="list-style-type: none"> 1. Superintendent 2. PREA Manager 3. Human Resources Manager 4. Random Staff <p data-bbox="244 801 539 828">Site Review / Observations:</p> <ol data-bbox="277 880 347 907" style="list-style-type: none"> 1. N/A <p data-bbox="244 936 368 963">Provisions:</p> <p data-bbox="244 994 1457 1122">115.376 (a) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy #17 page 20 states, "Staff violating the Center's or Court's policies governing sexual abuse or sexual harassment of a resident shall be subject to disciplinary sanctions, put to and including termination of employment , in accordance with the Family Court Human Resources Policy Manual. Section 3: Personnel Management."</p> <p data-bbox="244 1151 1489 1346">115.376 (b & c) Policy #17 page 20 states, "Disciplinary sanctions against staff for violations of the agency's policies relative to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff members's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories." Both the Superintendent and PREA Manager stated termination was the presumed sanction for a staff person found in violation of policies prohibiting sexual abuse and such conduct will be reported to law enforcement and licensing agencies.</p> <p data-bbox="244 1375 1457 1471">115.376 (d) Key staff interviews and St. Louis County Policy #17 showed the administrators and policy were consistent in their approach to employee discipline for violations of the PREA policies. Regardless of staff resignations, staff who would have been terminated would still be reported to law enforcement.</p> <p data-bbox="244 1500 1469 1662">During the on-site phase of the audit, PREA Auditor Howell reviewed staff files, including disciplinary actions. Documents reviewed showed zero disciplinary actions for violating the agency's PREA related policies in the past 12 months. An older incident report and follow up was reviewed by Auditor Howell. The incident included a staff member opening a shower door while a resident was inside. The staff involved explained the resident was not responding to verbal questions so the staff opened the door to check on the residents well being. The staff was disciplined for opening the door.</p> <p data-bbox="244 1691 1406 1751">The Human Resources Manager reported zero terminations in the past 12 months for violations of the agency's Zero Tolerance Policy.</p> <p data-bbox="244 1783 1445 1843">Based on a review of the documentation available and the information learned in staff interviews the facility was determined to be in compliance with Standard 115.376 (a-d)</p> <p data-bbox="244 1908 606 1935">Corrective Action Required: None</p>

115.377	Corrective action for contractors and volunteers
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="277 409 1214 504" style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. Staff Files 3. Volunteer (Practicum) and/or Contractural Provider Cover Letter for Fundamental Practices <p data-bbox="244 533 461 560">Interviews included:</p> <ol data-bbox="277 611 592 705" style="list-style-type: none"> 1. Human Resources Manager 2. PREA Compliance Manager 3. Superintendent <p data-bbox="244 734 539 761">Site Review / Observations:</p> <ol data-bbox="277 813 464 840" style="list-style-type: none"> 1. N/A Provisions: <p data-bbox="244 904 1461 1064">115.377 (a) Included in St. Louis County Juvenile Detention Center policies (Human Resources and PREA Policy 17 page 20) is language that, "if contractors and volunteers are found to have engaged in sexual abuse or who have violated the Center's or Court's policies governing sexual abuse and sexual harassment of a resident shall be prohibited from having further contact with residents. Where appropriate, their activities shall be reported to law enforcement and/or applicable licensing bodies."</p> <p data-bbox="244 1128 1477 1256">During staff interviews with the Supervisors and the Human Resources Director, Auditor Howell asked the three staff members to explain what they would do if they received an allegation of sexual abuse or sexual harassment by a contractor or volunteer. All three staff said they would call law enforcement and report the information to the Superintendent and PREA Compliance Manager.</p> <p data-bbox="244 1321 1377 1348">There were no reports that met the PREA standards of sexual abuse or sexual harassment in the past 12 months.</p> <p data-bbox="244 1377 1437 1505">115.377 (b) St. Louis County Juvenile Detention Center conducts background checks on all employees, volunteers, and contractors before they are permitted to work with residents. If anytime later the same employees, volunteers, and contractors are found to have violated agency sexual abuse and sexual harassment policies they will be prohibited from having further contact with residents.</p> <p data-bbox="244 1570 1473 1729">Due to the COVID pandemic protocols, volunteers and contractors have been limited during the past two years. There have been no allegations of sexual abuse or sexual harassment in the past 12 months. Auditor Howell did review a current Volunteer (Practicum) and/or Contractural Provider Cover Letter for Fundamental Practices signed by a volunteer. The document is an attestation on receiving and understanding the PREA training and materials required for volunteers and contractors.</p> <p data-bbox="244 1794 895 1821">The facility meets the requirements of standard 115.377 (a-b)</p> <p data-bbox="244 1886 608 1912">Corrective Action Required: None</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. St. Louis County Juvenile Detention Center Policy #9 - Rules and Discipline 3. Staff Files 4. Sexual Abuse & Assault Brochure <p>Interviews included:</p> <ol style="list-style-type: none"> 1. Director of Family and Clinical Services / PREA Compliance Manager 2. Intake Staff 3. Superintendent <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. N/A <p>Provisions:</p> <p>115.378 (a) Policy #17 page 20 section 10 states, "Residents who have been found, pursuant to a formal disciplinary process, to have engaged in sexual abuse or sexual harassment of another resident shall be subject to disciplinary sanctions in accordance with Section 9: Rules and Discipline. Pending the results of the formal disciplinary process, necessary steps may be taken by Detention Administration's to ensure the continuing safety and security of the Center."</p> <p>115.378 (b) Youth who have been found to have sexually harmed others is provided the same services as youth who have not. According to the Superintendent and the PREA Compliance Manager interviewed, the facility does not practice isolation as a form of punishment, however a resident may need to be moved or transferred from one living unit to another during an investigation. Regardless of their living unit, residents are provided the same rights as other residents including large muscle exercise on a daily basis, educational and special education programming, mental and medical care, and vocational opportunities when appropriate. As a result of there being, in the last 12 months, no allegations of sexual abuse or sexual harassment, there were no reports or case files to review to determine non-compliance with the standard of prohibiting isolation as a sanction for resident on resident sexual abuse.</p> <p>115.378 (c) The St. Louis County Juvenile Detention Center PREA Compliance Manager also serves as the Director of Family and Clinical Services. During her interactions and interviews with Auditor Howeoll she explained how the disciplinary process considers a residents psychological disabilities and mental diagnosis. The Superintendent also referenced that sanctions should be appropriate to the individual assessed needs of the resident. 1</p> <p>15.378 (d) Director of Family and Clinical Services / PREA Compliance Manager and Intake Staff explained the facility provides residents counseling and other interventions designed to educate the youth, but not intended to correct underlying reasons or motivations for residents to participate in sexual abuse or harassment. The reason for this strategy is related to the short term length of stay at the Juvenile Detention Center. Starting but not completing treatment could prove harmful instead of helpful. The facility does not require participation in such counseling and interventions as a condition of access to behavior-based incentives or as a condition to access general programming, education services, medical care, or exercise.</p> <p>115.378 (e) Supervisory staff confirmed that the facility may discipline a resident for sexual contact with a staff only upon a finding that the staff member did not consent to such contact. There were no incidents of this type reported in the past 12 months.</p> <p>115.378 (f) St. Louis County Juvenile Detention Center Sexual Abuse and Assault Brochure states residents cannot get in trouble for filing a grievance. Furthermore, policy states a report of sexual abuse 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.</p> <p>115.378 (g) St. Louis County Juvenile Detention Center prohibits sexual contact between residents. All sexual contact is subject to disciplinary action. Policy 9, page 11 #7 d explains the disciplinary process for rule violations. In Random Staff</p>

interviews, 10 of 10 staff confirmed sexual contact between residents was prohibited at the facility. They also confirmed they would report all allegations of sexual contact, sexual harassment, and sexual abuse. The outside investigative agencies would determine if sexual conduct was coerced, and a crime was committed.

The facility meets the requirements of standard 115.378 (a-g)

Corrective Action Required: None

115.381	Medical and mental health screenings; history of sexual abuse
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="277 409 898 537" style="list-style-type: none"> 1. St. Louis City Juvenile Detention Center Policy #17 - PREA 2. Resident Files - Medical and Mental Health 3. Screening Tool 4. Staff Files <p data-bbox="244 566 461 593">Interviews included:</p> <ol data-bbox="277 645 759 772" style="list-style-type: none"> 1. PREA Compliance Manager 2. Medical and Mental Health Staff 3. Intake Staff - Staff Responsible for Screening 4. Random Staff <p data-bbox="244 801 539 828">Site Review / Observations:</p> <ol data-bbox="277 880 347 907" style="list-style-type: none"> 1. N/A <p data-bbox="244 936 368 963">Provisions:</p> <p data-bbox="244 994 1493 1220">115.381 (a) When the residents are admitted to the facility they are screened pursuant to § 115.341. According to the intake staff (who are Mental Health staff), Superintendent, and Director of Family and Clinical Services, if the intake screen indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Policy #17 PREA page 13 supports what the staff shared in the interviews when it states, "Residents who have experienced prior sexual victimization as indicated by the screening instrument shall be offered follow-up medical or mental health services within 14 days of the screening."</p> <p data-bbox="244 1252 1484 1379">During interviews of Random Residents, one youth that claimed she had reported prior victimization upon admission to the St. Louis County Juvenile Detention Center. PREA Auditor Howell was able to determine the resident did disclose a prior sexual assault and was offered medical and mental health services the same day she reported. Furthermore, the intake staff and her electronic file confirmed the reported incident was previously reported and followed up.</p> <p data-bbox="244 1411 1468 1471">Through staff interviews, resident interviews, electronic file audits Auditor Howell was able to determine that the facility was in compliance with 115.381 (a) and there was not was an allegation of sexual victimization made in the past 12 months.</p> <p data-bbox="244 1500 1473 1662">115.381 (b) During their staff interviews both the Superintendent and Director of Family and Clinical Services / PREA Compliance Manager explained that if the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This is supported in Policy #17 on page 13 paragraph 2.</p> <p data-bbox="244 1693 1477 1753">There were no allegations of sexual abuse or harassment during the past 12 months. Auditor Howell reviewed resident files, including intake screening and mental health documents, and found no evidence of non-compliance with this standard.</p> <p data-bbox="244 1785 1469 1977">115.381 (c) The St. Louis County Juvenile Detention Center has good controls on information. The information learned during intake screening remains confidential and only shared with staff involved in security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Information about prior victimization or if a resident has previously perpetrated sexual abuse, in or out of an institutional setting was shared on a need to know basis. Medical and Mental Health staff confirmed they have access to confidential electronic records in their respective areas.</p> <p data-bbox="244 2009 1445 2101">While completing the on-site facility tour and the structured on-site interviews, Auditor Howell was able to ask what information was shared with whom. No violations of standard 115.381 (c) were observed or discovered during the on-site interviews, file audits, or tour.</p> <p data-bbox="244 2132 1434 2159">115.381 (d) Interviews of the medical and mental health staff showed the medical and mental health practitioners would</p>

obtain informed consent from residents before reporting information about sexual victimization that did not occur in an institutional setting, unless the resident was under the age of 18. Because the facility is a Juvenile Detention Center, Auditor Howell confirmed the staff understood they were mandated child abuse reporters. All staff interviewed acknowledged they were mandated child abuse reporters.

The facility meets the requirements of Standard 115.381 (a-d)

Corrective Action Required: None

115.382	Access to emergency medical and mental health services
	<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 1066 300">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 331 576 358">Documents reviewed included:</p> <ol data-bbox="276 409 930 539" style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. Staff Files 3. No Cost Medical or Mental Health Services (PDF) 4. Medical & Mental Health Secondary Materials (PDF) <p data-bbox="244 566 461 593">Interviews included:</p> <ol data-bbox="276 645 630 840" style="list-style-type: none"> 1. PREA Compliance Manager 2. Medical and Mental Health Staff 3. SANE Nurse 4. Hotline Representative 5. Intake Staff 6. Random Staff <p data-bbox="244 866 539 893">Site Review / Observations:</p> <ol data-bbox="276 945 347 972" style="list-style-type: none"> 1. N/A <p data-bbox="244 1003 367 1030">Provisions:</p> <p data-bbox="244 1095 1476 1355">115.382 (a) According to St. Louis County Juvenile Detention Center Policy #17, Alleged victims of sexual offense shall immediately be separated from the alleged abuser, advised to not destroy evidence, and referred to medical services for medical assessment and/or treatment. Medical staff explained alleged victims of sexual abuse would receive unimpeded access to emergency medical treatment and crisis intervention services by referral the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If a resident were to make an allegation of victimization, they would be transported to Cardinal Glennon Hospital or St. Louis Children's Hospital where SANE forensic services are available. A review of the facility medical and mental health documentation process showed compliance with this provision.</p> <p data-bbox="244 1386 1489 1615">115.382 (b) St. Louis County Juvenile Detention Center does have qualified medical (nursing) staff on duty. If the mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders take preliminary steps to protect the victim pursuant to § 115.362. This was confirmed in the staff interviews. 10 of 10 random staff interviewed could explain the initial steps to protect the victim of sexual abuse. 10 of 10 staff also stated they would, upon learning of an allegation or incident, immediately notify their supervisor who would then notify the appropriate medical and mental health practitioners. Supervisors explained they would notify medical and mental health practitioners immediately upon receiving a report from a subordinate.</p> <p data-bbox="244 1646 1437 1740">115.382 (c) St. Louis County Juvenile Detention Center PREA Policy #17 page 10, states that resident victims of sexual abuse have access to medical and mental health practitioners who can provide medical and mental health assistance including emergency medical treatment and crisis intervention services.</p> <p data-bbox="244 1771 1493 2000">In the Superintendents interview, she explained in the event of an incident that was sexual in nature, residents would be immediately transported to the hospital for medical services and offered appropriate and timely information and services. During her interview the hospital SANE nurse confirmed the services would include information on contraception and sexually transmitted infection prophylaxis. Both the SANE Nurse and the Superintendent reported that there were zero allegations of sexual abuse and zero allegations of sexual harassment in the past 12 months. There were no residents who reported abuse; therefore auditor Howell could not ask residents who had reported abuse what information they received or what treatment they were offered after what happened to them.</p> <p data-bbox="244 2031 1469 2157">115.382 (d) During interviews the Superintendent, hospital SANE nurse, and Hotline advocacy representative reported that treatment services for victims of sexual abuse were provided without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. According to St. Louis County No Cost Medical and Mental Health Services document, "All medical and mental health services provide dot residents of the juvenile Detention</p>

Center are provided at no cost." The document goes on to explain when the residents are enrolled in MoHealthnet upon intake and medical services are performed by the Department of Public Health or billed to Medicaid.

Based on the information received through staff interviews and document reviews the facility was found in compliance with standard 115.382 (a-d).

Corrective Action Required: None

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p data-bbox="244 271 1066 297">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="244 329 576 353">Documents reviewed included:</p> <ol data-bbox="276 409 932 501" style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. No Cost Medical and Mental Health Document 3. Resident records <p data-bbox="244 533 461 557">Interviews included:</p> <ol data-bbox="276 613 628 770" style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Medical and Mental Health Staff 4. Intake Staff 5. Random Staff <p data-bbox="244 801 539 826">Site Review / Observations:</p> <ol data-bbox="276 882 810 907" style="list-style-type: none"> 1. Observation of facility wall postings and brochures <p data-bbox="244 938 368 963">Provisions:</p> <p data-bbox="244 994 1490 1187">115.383(a) The St. Louis County Juvenile Detention Center PREA Policy #17, page 12 lists the procedure for screening for risk of sexual victimization and abusiveness. and/or perpetrator to be offered a 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. Observations while on the facility tour included posters and brochures that residents could access by phone. Information available included toll free, anonymous, and confidential phone numbers included the Hotline number 1 (800) 392-3738.</p> <p data-bbox="244 1218 1474 1279">During the interviews of the mental health and medical staff the staff appropriately explained the facility process to follow up and offer services to residents that have been victimized by sexual abuse.</p> <p data-bbox="244 1310 1490 1503">115.383(b) The evaluation and treatment of sexual abuse 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. Resources for residents of St. Louis County Juvenile Detention Center include Cardinal Glennon Children's Hospital, St. Louis Children's Hospital, Children's Advocacy Services, and on site services from facility medical and mental health staff. Because there were no reports of sexual abuse or sexual harassment, Auditor Howell was unable to interview any residents that had made a report and may need follow up services, etc.</p> <p data-bbox="244 1534 1490 1662">115.383 (c) The facility administrators confirmed that the facility provides sexual assault and harassment victims with medical and mental health services consistent with the community level of care. During interviews with the Police and the Hospital Forensic Unit staff a community team approach was clear. The approach was to find the best level of care for any situation that may arise.</p> <p data-bbox="244 1693 1469 1821">115.383 (d,e,f) Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests at Cardinal Glennon Children's Hospital as part of the SANE process. The Forensic Unit Supervisor at the hospital confirmed that they offering pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections was part of the protocol used.</p> <p data-bbox="244 1852 1485 2011">115.383(g) According to the facility policy and confirmed during interviews of the Superintendent, Director of Family and Clinical Services / PREA Compliance Manager, and the Forensic Unit Supervisor at the hospital the residents at St. Louis County Juvenile Detention Center are able to receive treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were zero reported incidents of sexual abuse, therefore there were no residents to ask or records to review to determine non-compliance with this standard.</p> <p data-bbox="244 2042 1477 2134">115.383 (h) St Louis County Juvenile Detention Center policy states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers when learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The Director of Family and Clinical Services was interviewed and confirmed the</p>

mental health staff do conduct mental health evaluations and either offer treatment or ensure the resident is provided treatment from an outside resource upon learning of such abuse history.

Based on the information received through staff interviews, interviews with medical and mental health staff, facility tours, and file reviews the facility was in compliance with standard 115.383 (a-h).

Corrective Action Required: None

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA 2. Resident Files 3. Critical Incident Reviews <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent 3. Clayton Police Department 4. Incident Review Team Members <p>Observations included:</p> <ol style="list-style-type: none"> 1. None <p>Provisions:</p> <p>115.386 (a & b) In accordance with St. Louis County Juvenile Detention Center Policy #17, page 21, the Detention Administration conducts an incident review preferably within 30 days of the conclusion of every sexual abuse investigation (unless determined unfounded). The incident review team includes members such as the PREA Compliance Manager, Superintendent, Assistant Director of Detention, Child Protective Services Director, Courts Director of Operations, and line level staff.</p> <p>115.386 (c) The incident review team includes members of upper management who get input from everyone involved including but not limited to; supervisors, investigators, and medical and mental health practitioners. At the St. Louis County Juvenile Detention Center upper management positions involved and on the review team are the Superintendent, PREA Compliance Manager, and the Assistant Director of Detention.</p> <p>Interviews of the Clayton Police Department and the Forensic Unit Supervisor at the Hospital confirmed they would participate in any post investigation review. There were zero allegations and investigations of sexual abuse in the past 12 months, therefore there were no incident reviews to evaluate.</p> <p>115.386 (d) Interviews of incident review team members indicated that they:</p> <ol style="list-style-type: none"> 1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex Identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. 4. Assess the adequacy of staffing levels in that area during different shifts. 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6. 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 Superintendent and PREA Compliance Manager <p>There were no investigations during the past 12 months, therefore there were no incident review reports to evaluate.</p> <p>115.386 (e) St. Louis County Juvenile Detention Center Policy #17 page 21 states incident review committee shall prepare a report of findings and recommendations. Detention Administration shall implement the recommendations or document the reasons for not doing so.</p> <p>There were no investigations or reported incidents, therefore there were no recommendations for improvement.</p>

Based on the information received through staff interviews, interviews with review team members, facility tours, and policy review the facility was determined to be in compliance with standard 115.386 (a-e).

Corrective Action Required: None

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis City Juvenile Detention Center Policy #127- PREA 2. Survey of Sexual Victimization <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent <p>Observations included:</p> <ol style="list-style-type: none"> 1. N/A <p>Provisions:</p> <p>115.387 (a) St. Louis County Juvenile Detention Center Policy #17 adequately addresses Data Collection and Storage on page 21. The "Detention Administration" is listed as responsible for collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standard instrument used is the Survey of Sexual Victimization. The agency Missouri Division of Youth Services collects data for all DYS facilities.</p> <p>115.387 (b) The St. Louis County Juvenile Detention Center PREA Compliance Manager reported that they would review, collect, aggregate and report all data if the facility had any allegations of sexual abuse or sexual harassment. She acknowledged a review and report should be done at least annually. The facility does maintain records and collect data as needed from all incident-based documents related to all incidents. There were no allegations or incidents related to sexual abuse or harassment in the past 12 months.</p> <p>115.387 (c) All Missouri Division of Youth Services facilities participated in the most recent version of the Survey of Sexual Violence conducted by the DOJ. Each Superintendent is required to report the the minimum data necessary to participate in the survey as necessary.</p> <p>115.387 (d) Auditor Howell was able to find and review incident-related documents, but there were none that included investigations and sexual abuse incident reviews. The facility is prepared to collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.87 (e) St. Louis County Juvenile Detention Center is a regional detention center for the Missouri Division of Youth Services. There is no need to obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents because they do not contract with any facility for the confinement of its residents.</p> <p>115.387 (f) Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Based on the information received through staff interviews, facility tours, and document reviews the facility was in compliance with standard 115.387 (a-f).</p> <p>Corrective Action Required: None</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis County uvenile Detention Center Policy #17 JDC PREA Corrective Assessment Report <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Superintendent <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. Agency web page: http://www.dss.mo.gov/dys/ 2. Facility web page: wp.stlcountycourts.com/family-court/family-court-prea-information/ li> <p>Provisions:</p> <p>115.388 (a) The PREA Compliance Manager, when interviewed, explained that she prepares and reviews 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. Fortunately, there have been no allegations that met the PREA standards of sexual abuse or harassment in the past 12+ months. The reports on the facility web site and a document titled, "JDC PREA Corrective Assessment Report" was reviewed by Auditor Howell.</p> <p>115.388 (b) The St. Louis County Juvenile Detention Center did complete an annual report and posted it on the facility web site. The Superintendent stated the facility PREA Compliance Manager completes the reports and the facility administration compares the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing any past issues related to sexual abuse.</p> <p>115.388 (c) The St. Louis County Juvenile Detention Center did complete an annual report and posted it on the facility web site. In addition, the facility sexual assault and sexual harassment data is submitted to the agency head and aggregated with all DYS youth facilities.</p> <p>115.388 (d) The St. Louis County Juvenile Detention Center does complete annual reports and posted them on the facility web site. The PREA Compliance Manager showed the reports do not include specific information that when published would present a clear and specific threat to the safety and security of a facility.</p> <p>Based on a review of the agency web site, a review of policy #17, and interviews of the PREA Compliance Manager and Superintendent, the facility was determined to be in compliance with 115.388.</p> <p>Corrective Action Required: None</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included:</p> <ol style="list-style-type: none"> 1. St. Louis County Juvenile Detention Center Policy #17 - PREA <p>Interviews included:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager <p>Site Review / Observations:</p> <ol style="list-style-type: none"> 1. Agency web page: http://dss.mo.gov/dys/ <p>Provisions:</p> <p>115.389 (a) St. Louis County Juvenile Detention Center Policy #17 page 21 addresses record keeping and storage. The facility collects and retains sexual abuse and sexual harassment data pursuant to § 115.387. While on tour Auditor Howell confirmed all records requiring to be stored in a confidential manner are stored in a secure and confidential manner. The County Juvenile Detention Center is implementing electronic records whenever possible. Security for those records is managed through a password system and overall network access management.</p> <p>115.389 (b) The facility, through the DYS agency and facility web sites, makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts (there were none at the time of audit), readily available to the public at least annually through the agency website. Upon a review of on site records, the agency web site, and through interviews Auditor Howell confirmed there were no allegations that met PREA standards of sexual Abuse or harassment during the past 12 months.</p> <p>115.389 (c) The St. Louis County Juvenile Detention Center does complete annual reports and posts them on the facility web site. The PREA Compliance Manager showed the reports do not include any personal identifiers before making aggregated sexual abuse data publicly available.</p> <p>115.389 (d) The St. Louis County Juvenile Detention Center policy directs sexual abuse documents and data collected pursuant to § 115.387 and securely retained for at least 10 years after the date of the initial collection, unless otherwise required by other applicable laws.</p> <p>Following key staff interviews, annual report reviews, and a review of the agency web site the facility was determined in compliance with 115.389 (a-d).</p> <p>Corrective Action Required: None</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility was in compliance with standard 115.401 as a result of the following:</p> <p>115.401 (a & b) The facility was previously audited in accordance with PREA standards. This audit was three years from the last PREA Audit (dated January 22, 2019).</p> <p>115.401 (h) PREA Auditor Howell had complete access to and ability to observe every area of the facility. The tour included access to all locked doors including living areas, storage areas, kitchen, and activity spaces. Throughout the on-site portion of the entire facility was accessible as requested.</p> <p>115.401 (i) PREA Auditor Howell was permitted to request and did receive copies of any relevant documents.</p> <p>115.401 (m) PREA Auditor Howell was permitted to conduct private interviews of residents and staff.</p> <p>115.401 (n) A copy of the upcoming audit, with auditor Howell's contact information was posted 6 weeks in advance of the audit allowing residents to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. No correspondence was received.</p> <p>The St. Louis County Juvenile Detention Center is in compliance with Standard 115.401 (a,v, h, i, m, n)</p> <p>Corrective Action Required: None</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance decision:</p> <p>115.403 (f) St. Louis County Juvenile Detention Center was audited in 2018. The dates of the facility visit was November 9, 2018. A Final PREA Audit Report was issued by certified PREA Auditor Dwight L Fondren on January 22, 2019</p> <p>The 2019 report is posted on the State of Missouri Department of Social Services website.</p> <p>The facility meets the requirements of standard 115.403 (f).</p> <p>Corrective Action Required: None</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.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication 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.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

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

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

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

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

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

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

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

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

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	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