

PREA Facility Audit Report: Final

Name of Facility: Bruce Normile Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/30/2022

| 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: Karen d. Murray | Date of Signature: 03/30/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Murray, Karen |
| Email: | kdmconsults1@gmail.com |
| Start Date of On-Site Audit: | 03/07/2022 |
| End Date of On-Site Audit: | 03/07/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Bruce Normile Juvenile Justice Center |
| Facility physical address: | 1400 S. Boundry, Kirksville, Missouri - 63501 |
| Facility Phone | |
| Facility mailing address: | Missouri |

| Primary Contact | |
|--------------------------|----------------------------|
| Name: | Misty Goings |
| Email Address: | Misty.Goings@courts.mo.gov |
| Telephone Number: | 6606654224 |

| Superintendent/Director/Administrator | |
|---------------------------------------|----------------------------|
| Name: | Misty Goings |
| Email Address: | Misty.Goings@courts.mo.gov |
| Telephone Number: | 660-665-4224 |

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

| Facility Characteristics | |
|---|------------------------|
| Designed facility capacity: | 14 |
| Current population of facility: | 7 |
| Average daily population for the past 12 months: | 4 |
| 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: | 12-17 |
| Facility security levels/resident custody levels: | Secure |
| Number of staff currently employed at the facility who may have contact with residents: | 16 |
| 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: | 3 |

| AGENCY INFORMATION | |
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| Name of agency: | 2nd Judicial Circuit of Missouri |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 1400 South Boundary Street, Kirksville, Missouri - 63501 |
| Mailing Address: | |
| Telephone number: | 6606654224 |

| Agency Chief Executive Officer Information: | |
|---|------------------------------|
| Name: | Michelle Curry |
| Email Address: | Michelle.Curry@courts.mo.gov |
| Telephone Number: | (660) 665-4224 |

Agency-Wide PREA Coordinator Information**Name:** Misty Goings**Email Address:** misty.goings@courts.mo.gov**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:

2

- 115.333 - Resident education
- 115.365 - Coordinated response

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-03-07 |
| 2. End date of the onsite portion of the audit: | 2022-03-07 |

Outreach

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| 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: | <p>On 2.13.2022, at 2:48 pm, this Auditor telephoned the hotline number at 1.800.392.3738. The message stated, "Welcome to the State of Missouri child abuse hotline. Press 2 if an adult. Press 1 if mandated reporter. Calling to report type of abuse about emergency issues, press 1, non-emergent situation, press 4. (Online reporting instructions were heard while waiting for an operator.) The holding line offered a call back; however, if the person receiving the call back could not answer the message states the importance of calling back. While on hold, the message continually states hang up and call 911 and then call us back. After waiting on hold for 60 minutes, this Auditor ended the call. Upon the online report being answered as is described in the next paragraph, the Auditor explained being on hold for one hour as the Auditor did not want to press the option for emergency reports. The worker explained calls go into a que and are answered by type of report and the emergency call would have been answered before non-emergent calls.</p> <p>On 2.13.2022, at 2:30 pm, this Auditor completed a lengthy child abuse report via https://apps.dss.mo.gov/OnlineCanReporting/default.aspx. This reporting form requested the reporter set up an account, provide email, phone and address information in addition to three pages of information for those receiving the report. 4:05 pm Diana Worker #27262 responded to the online report. Upon asking Worker 27262 how she would respond to a juvenile and or third party report, she stated the following:</p> <ul style="list-style-type: none">· This is a State hotline for any report of abuse· If the child was minor, under 18, she would screen for sexual abuse,· 18 or older and would verify if they are in CDC custody.· Ask for reporting concerns for children under 18· Would gather the names related to the concern· Would possibly redirect to law enforcement· Would ask for identifying information· Ask if the care takers are active members of military· Screen the concerns of the reporter, what the allegation consisted of· If the report meets the criteria of a concern, the report would be forwarded to the Out of Home Investigation Unit and or local law enforcement· This online option is for Mandatory Reporting only· This website is currently not an option for third party reporters. |

On 2.13.2022 at 3:59 pm, the Auditor received the following email from the Child Abuse/Neglect Online Submission Details:

"Thank you for reporting your concern to the Hotline. Based on State of Missouri law and regulations:
The information you provided does not meet the statutory criteria of a child abuse and neglect report or referral, so it will not be sent to field staff. We have documented your information. If you get additional information, please call the Hotline at 1-800-392-3738 or make a new on-line report. The reference number is 20220440115 for the report submitted through OSCR on 02/13/2022 at 03:39PM"

On 2.20.2022 at 5:38 pm, MST, this Auditor phoned the Rainbow House Regional Child Advocacy Center at 1611 Towne Drive, Columbia, MO 65202 at phone number. 573.474.6600. After the Auditor introduced herself and the reason for the call, the operator stated my questions would be better answered by a supervisor. The operator took down contact information and stated I would get a call back during normal business hours. On March 15, 2022 at 11:38 am, 'Brenda' from the Rainbow House phoned and explained the center would assist in providing advocacy services to youth through a forensic exam and provide advocacy services to the youth as long as those services were needed.

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 14 |
| 15. Average daily population for the past 12 months: | 4 |
| 16. Number of inmate/resident/detainee housing units: | 3 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input checked="" type="radio"/> Yes <input 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 4 |
| 37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit: | 4 |
| 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 |

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| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 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: | 0 |
| 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): | The facility had four residents at the time of the onsite. All residents were interviewed, and none had targeted characteristics. |
| 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: | 16 |
| 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: | 0 |
| 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: | 2 |

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| 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: | The facility has not regularly been using volunteers since COVID-19 began. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 4 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None |
| If "Other," describe: | The facility had only four residents and all four were chosen to be interviewed. |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | The facility had only four residents and all four were chosen to be interviewed. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews: | The facility had only four residents and all four were chosen to be interviewed. |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The facility had only four residents and all four were chosen to be interviewed. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 0 |

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".

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| 59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol: | 4 |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| 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). | The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics. |
| 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: | 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). | The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics. |
| 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: | 0 |

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

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| <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>The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |

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| <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>The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility had only four residents and all four were chosen to be interviewed. None of the residents interviewed had targeted characteristics.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>6</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |

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| If "Other," describe: | The facility had only six direct care staff working on all three shifts during the onsite review and all six were interviewed. |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | <input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The facility had only six direct care staff working on all three shifts during the onsite review and all six were interviewed. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 9 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| <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 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 type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input 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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>2</p> |

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| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | Medical and mental health contractor only visit the facility once a week and neither were present during the onsite review. Both contractors completed written interviews. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

| | |
|--|--|
| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|--|--|

Was the site review an active, inquiring process that included the following:

| | |
|---|--|
| 85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input type="radio"/> Yes <input checked="" 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). | All residents and staff were interviewed therefore no random interviews occurred. Confidential phone calls are conducted in the interview room in the detention center. Staff dial the number for the youth, stand outside the door and are prepared to assist the youth for mental health, if needed; however, youth are allowed complete confidentiality, should they so choose. |

Documentation Sampling

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

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

☒ Yes

☐ No

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

13 staff and four files were reviewed using the PREA Audit Juvenile File Review for Employee/Juvenile Files.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 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: | The facility has never had a sexual abuse allegation. |
| 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 |

| | |
|---|---|
| a. Explain why you were unable to review any sexual harassment investigation files: | The facility has never had a sexual harassment allegation requiring review. |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| Staff-on-inmate sexual harassment investigation files | |
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | No text provided. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |

| | |
|--|---|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Non-certified Support Staff</p> | |
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>AUDITING ARRANGEMENTS AND COMPENSATION</p> | |
| <p>121. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
| <p>Identify the name of the third-party auditing entity</p> | <p>CMG Consulting</p> |

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

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------|---|
| | <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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1469 398" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure, 17.1 PREA Policy and Definitions, dated 4.1.2021 3. Agency Organizational Chart, not dated <p data-bbox="244 434 352 461">Interviews:</p> <ol data-bbox="244 465 716 557" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Detention Superintendent/PREA Coordinator <p data-bbox="244 562 1469 790">Through interviews with residents and staff and review of resident and staff files, it was evident that this facility interweaves requirements for this standard in their daily protocol. Both residents and staff could speak to the facility PREA practices and protocols being used as is described in the agency Residents interviewed spoke to PREA being explained to them on the day or next day after admission, understanding zero tolerance for sexual harassment and abuse, reporting to staff, filing a grievance which they can get in the classroom and place in the classroom grievance box, telling their Juvenile Officer and calling the hotline. Interviews with staff and residents demonstrated the facility had no targeted residents in the program at this time.</p> <p data-bbox="244 826 496 853">Site Review Observation:</p> <p data-bbox="244 857 1481 1117">During the tour of the facility, this Auditor noticed Zero Tolerance, Advocate and PREA Audit postings throughout the facility. Camera placement throughout the facility and recreation area was such no blind spots were noted. The facility has three Dayrooms, A, B, and C. Each Dayroom has five individual cells with a single use shower that has a PREA curtain, blocking view of a resident while showering. Each individual cell has a toilet and sink. When residents are in a Dayroom and one resident needs to toilet, all residents are placed in their rooms to ensure voyeurism doesn't exist. When residents are done toileting staff are made aware through a buzzer pressed in the resident rooms. The facility has a Control Room situated in the center of the Dayrooms where the facilities 28 cameras are monitored. All cameras were found to be operable, and none had a zoom or rotate function. Cameras could not see into resident rooms or showers.</p> <p data-bbox="244 1153 327 1180">115.311</p> <p data-bbox="244 1184 1453 1279">(a) The Bruce Normile Juvenile Justice Center PAQ states the Bruce Normile Juvenile Justice Center Standing Operation Procedure, 17.1 PREA Policy and Definitions, mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract.</p> <p data-bbox="244 1314 1477 1471">Bruce Normile Juvenile Justice Center Standing Operation Procedure, 17.1 PREA Policy and Definitions, page 1, section Policy, states, "Bruce Normile Juvenile Justice Center Secure Detention Unit is committed to a zero- tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within the Juvenile Center. This policy provides the facilities approach to preventing, detecting, and responding to such conduct."</p> <p data-bbox="244 1507 1490 1601">(b) The agency employs an upper-level, agency wide PREA Coordinator. The PREA Coordinator demonstrates she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is in the agency organization chart, who reports to the Chief Juvenile Officer.</p> <p data-bbox="244 1637 1449 1700">The facility provided the Agency organizational chart. The organizational chart demonstrates the PREA Coordinator is an upper-level, agency wide PREA Coordinator who also functions as the JDAI Site Coordinator.</p> <p data-bbox="244 1736 1474 1789">(c) The Bruce Normile Juvenile Justice Center PAQ states the facility does not have a PREA Coordinator. The 2nd Circuit – Bruce Normile Juvenile Justice Center has only one facility.</p> <p data-bbox="244 1825 935 1852">Through such reviews, the facility meets this standards requirements.</p> |

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|----------------|--|
| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Contract for Services, Missouri Department of Social Services, dated 7.1.2019 – 6.30.2021 3. FY21 Contract Renewal, State of Missouri, Department of Social Services, dated 8.21.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>115.312</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the State of Missouri, Department of Youth Services contracts with the Bruce Normile Juvenile Justice Center.</p> <p>The facility provided a Contract for Services, Missouri Department of Social Services, which expired on 6.30.2021; however, the facility provided a fiscal year 2021 contract renewal. The Contract for Services, Missouri Department of Social Services, page 3, section 3.4.1, states, "The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.) and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by state agency."</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.313 | Supervision and monitoring |
| | <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="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1453 566" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Deviation documentation for months November 2021 – May 2021 3. Bruce Normile Juvenile Justice Center Staffing Plan, dated 2.2022 4. Bruce Normile Juvenile Justice Center Staffing Plan, dated 2.2022 5. Staffing Plan Annual Evaluation, dated 8.20.2021 6. Staffing Plan Annual Evaluation, dated 8.19.2020 7. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.3 Supervision and Monitoring, dated 4.1.2021 8. Unannounced Rounds – Unannounced Program Visit for BNJJC Secure Detention Unit <p data-bbox="244 595 352 624">Interviews:</p> <ol data-bbox="244 629 716 689" style="list-style-type: none"> 1. Supervisors 2. Detention Superintendent/PREA Coordinator <p data-bbox="244 694 1490 857">Staff and residents interviewed could attest to supervisory staff conducting rounds each day; however, unannounced rounds are completed by the Detention Superintendent on a quarterly basis. Many of the staff interviewed stated they are rovers who can be scheduled to work any shift on any day of the week. The facility has 14 beds and ratios during waking hours is typically three staff to the resident population and two staff working the overnight shift. (Proper staff to resident ratios were witnessed throughout the on-site portion of the audit. The facility had four residents during the onsite review.)</p> <p data-bbox="244 887 483 916">Site review observation:</p> <p data-bbox="244 920 1485 981">During the tour the Auditor witnessed three staff to four residents. The facility was on spring break therefore residents did not have education classes; however, staff were constantly seen with staff.</p> <p data-bbox="244 1010 1490 1137">(a) The Bruce Normile Juvenile Justice Center PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The daily number of residents is five and the staffing plan was predicated on 14 residents.</p> <p data-bbox="244 1167 1477 1227">The facility provided a Bruce Normile Juvenile Justice Center Staffing Plan. The plan is signed and dated on 2.25.2022. The staffing plan encompasses the following:</p> <ol data-bbox="244 1232 1481 1765" style="list-style-type: none"> 1. Generally accepted juvenile detention and correctional/secure residential practices with minimal staff to resident ratios of 1:8 during waking hours and 1:16 during sleeping hours. 2. Any judicial finding of inadequacy – which of none have been founded. 3. Any findings of inadequacy from federal investigative bodies – which of none have been found. 4. Any findings of inadequacy from internal or external oversight bodies – which of none have been found. 5. All components of the program's physical plant to include a comprehensive table of all camera placement. 6. The composition of the resident population (i.e. gender ratios, risk/need of residents, physical size, Sexual Aggressive Behavior (SAB), Vulnerability to Victimization (VV). 7. The number and placement of supervisory staff: 1-unit housing unit up to 14 residents. 8. Programs occurring on a particular shift: Bruce Normile Juvenile Justice Center has adequate staff to monitor all programming on the unit and 28 cameras for additional monitoring. 9. Any applicable State or local laws, regulations or standards of which requirements mirror PREA ratios. 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse: in the past 12 months Bruce Normile Juvenile Justice Center has had 0 allegations of sexual abuse. 11. Any other relevant factors: At this time, there have been no other relevant factors identified to effect adequate supervision and monitoring of residents at Bruce Normile Juvenile Justice Center. <p data-bbox="244 1805 1436 1865">(b) The Bruce Normile Juvenile Justice Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan.</p> <p data-bbox="244 1895 879 1924">The facility provided staffing plan deviation documentation from:</p> <ul data-bbox="244 1928 426 2157" style="list-style-type: none"> • November 2020 • August 2020 • September 2020 • October 2020 • January 2021 • February 202 • March 2021 |

- April 2021
- May 2021
- June 2021
- July 2021
- August 2021

Each deviation from the staffing plan documents the date of the deviation, hours of the deviation, reason for the deviation and comments. All deviations took place on the 11:00 pm – 7:00 am shift, for the following reasons:

- Vacant positions
- Military Leave
- Vacation
- Illness
- COVID
- Training
- Administrative Leave
- Bereavement

(c) The Bruce Normile Juvenile Justice Center PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. Although the facility submitted deviation documentation, the deviation existed for a short period of time until a supervisor could report to duty to ensure one male and one female were on shift. The 1:16 ratio was not out of compliance.

(d) The Bruce Normile Juvenile Justice Center PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator.

The facility provided staffing plan annual evaluations from 2020 and 2021. Annual evaluations demonstrate the following areas are assessed:

- Current staffing plan is in place
- Generally accepted juvenile detention and correctional/secure residential practices
- Any judicial findings of inadequacy
- Any findings of inadequacy from Federal investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- All components of the facility's physical plant (including 'blind spots' or areas where staff or residents may be isolated)
- The composition of the resident population (both male and female residents are accounted for)
- The number and placement of supervisory staff (three supervisors on each shift)
- Institution programs occurring on a particular shift
- Any applicable State or local laws, regulations or standards (everything being followed)

(e) The Bruce Normile Juvenile Justice Center PAQ states unannounced rounds are conducted by intermediate or higher level staff to identify and deter staff sexual abuse and sexual harassment.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.3 Supervision and Monitoring, page 1, section A. 1. a, states, "Intermediate-level or high level staff will conduct unannounced rounds to identify and deter staff sexual abuse and/or sexual harassment."

The facility provided unannounced rounds, documented on an Unannounced Program Visit for BNJJC Secure Detention Unit form. The form documents the following information:

- Date/time
- Observer Name/Title
- Observation check boxes for each of the following areas:
 - o Youth routine being followed?
 - o Group location
 - o Youth interaction with staff is appropriate?
 - o Youth/groups spilt up – are they spilt up in dorm or different areas of the building?
 - o Youth hygiene is appropriate. Are there changes in youth's hygiene/appearances?
 - o Staffing requirements are being followed
 - o Staff positioning within the group is appropriate, and there is visible use of awareness supervision.
 - o Check made for blind spots or areas outside of security camera
 - o Physical plant – cleanliness and tidiness, are things where they should be
 - o Appropriate staff youth relationships and healthy boundaries are evident
 - o Are there sudden changes in youth mood or behavior?
- Summary of the visit

Rounds appear to be completed by the Chief Juvenile Officer or the Superintendent.

Through such reviews, the facility met the standards requirements.

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 Limits to Cross Gender Viewing, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.11 Reporting, dated 4.1.2021 4. Yearly Training Agreement, not dated 5. Bruce Normile Juvenile Justice Center Standing Operating Procedure, 3.8 Court Operating Rule – Personnel Management, dated 6.1.2017 6. Bruce Normile Juvenile Justice Center Standing Operation Procedure 11.7 Security and Control, dated 4.1.2021 7. Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report, dated 06.2000 8. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 PREA Policy – Limits to Cross Gender Viewing and Searches, dated 4.1.2021 9. Bruce Normile Juvenile Justice Center Standing Operation Procedure 7.2 Provision for personal grooming and dress, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff / All Intake staff 3. Supervisors 4. Detention Superintendent/PREA Coordinator <p>This facility did not have any targeted residents at the time of the audit. When looking at data over the last 12 months with the Detention Superintendent reported 12-month averages demonstrated only two gay residents had been in the program during the last year. All residents were interviewed and reported their searches were done respectfully and staff told them what they were doing before they searched a particular area of their bodies or clothes throughout the search process. Staff interviewed reported the facility does pat searches once intakes are down to one layer of clothes. Staff also reported strip and cross gender searches are prohibited by policy 11.7. No staff interviewed has completed a cross-gender strip search The Auditor did report many staff were unsure of how to search a transgender; however, each staff interviewed stated they would call a supervisor before proceeding.</p> <p>Site Review Observation:</p> <ol style="list-style-type: none"> 1. Intake area 2. Search area <p>During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. Training files demonstrated 100% of staff had been trained in cross gender strip searches. Facility records demonstrated staff watch an hour long cross-gender video each year as part of their annual PREA training.</p> <p>(a) Bruce Normile Juvenile Justice Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 Limits to Cross Gender Viewing, page 1, section A. 1., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall never conduct cross gender viewing and searches as stated in Policy and Procedure Section 3.8, which meets those requirements established in the PREA standard 115.315. Training is conducted for Transgender searches and search procedures are determined case by case."</p> <p>Bruce Normile Juvenile Justice Center Standing Operating Procedure, 3.8 Court Operating Rule – Personnel Management, page 1, section Procedure, states, "There shall be a minimum of 3 staff working on the detention at all times to provide continuous supervision of the juveniles. There will be at least 1 male and 1 female staff working on each shift to be available for both genders of residents. In addition, a supervisor is on call 24/7 if additional assistance as needed.</p> <p>Cross gender pat downs, shower supervision, or other hygiene practices or needs are prohibited. Only same gender pat downs, shower supervision and other hygiene practices or needs are allowed."</p> <p>(b) Bruce Normile Juvenile Justice Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. Policy compliance can be found in provision (a) of this standard.</p> <p>(c) Bruce Normile Juvenile Justice Center PAQ states the facility policy requires that all cross-gender strip searches, cross-</p> |

gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Documentation of cross-gender searches will be documented on an incident report.

The facility provided a Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report. This report would be used to document cross-gender strip or cross-gender visual body cavity searches in exigent circumstances.

(d) Bruce Normile Juvenile Justice Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policy compliance can be found in provision (a) of this standard.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 PREA Policy – Limits to Cross Gender Viewing and Searches, page 1, section A. 1., states, "Limits to cross-gender viewing and searches. Bruce Normile Juvenile Justice Center Secure Detention Unit shall never conduct cross gender viewing and searches as stated in Policy and Procedure Section 3.8, which meets those requirements established in the PREA standard 115.315. Training is conducted for Transgender searches and search procedures are determined case by case. All staff announce themselves upon entry into a dayroom. "

Bruce Normile Juvenile Justice Center Standing Operation Procedure 7.2 Provision for personal grooming and dress, page 3, section G., states: "Announcing Entry: All staff will announce their presence upon entering the dayroom."

(e) The Bruce Normile Juvenile Justice Center PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There have zero such searches in the last 12 months.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 11.7 Security and Control, page 4, section I. A., states, "Body cavity search of the anal or genital area are only conducted if the court order the search and are conducted by a licensed medical professional. Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status."

(f) The Bruce Normile Juvenile Justice Center PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.

The facility provided a Yearly Training Agreement. The ninth bullet on the agreement states, "How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. (TRACKS Webinar: GLBT Youth in Juvenile Center-JDEC-FY13-JTT, LGBTI Manual Cross Gender Pat Down/Transgender Pat Down Video."

Through such reviews, the facility meets this standards requirements.

| 115.316 | Residents with disabilities and residents who are limited English proficient |
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| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.5 Residents with Disabilities and/or Limited English Proficient, dated 6.1.2017 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 2.14 Limited English Proficiency, dated 6.11.2018 4. Juvenile PREA Intake Orientation Acknowledgment, not dated 5. PREA Access to Interpreter Services Email Communication, dated 8.30.2018 6. Office of State Courts Administrator, Foreign Language Interpreters Contract, dated 8.6.2021 7. Office of State Courts Administrator, International Language Center, dated 7.8.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Shift Supervisor 3. Detention Superintendent/PREA Coordinator <p>During interviews with staff each stated residents were not used for translation services. Staff interviewed demonstrated each would contact OSCA, the interpreter service the facility contracts with for services. Staff interviewed spoke to having a PREA Blue Binder in the Control Area where the phone number to OSCA was located.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.5 Residents with Disabilities and/or Limited English Proficient, page 1, section 1. a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment."</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 2.14 Limited English Proficiency, page 1, section Procedure, states, "Bruce Normile Juvenile Justice Center will ensure that juveniles with limited English Proficiency will have services available to them as needed. The Intake Packet, Manuals and quizzes have been translated to Spanish and French."</p> <p>The facility provided a Juvenile PREA Intake Orientation Acknowledgement. The opening paragraph states, "I will read this out loud and if you have any question please ask after each statement. Once you understand what each statement is saying we will both initial next to it. We do this form with everyone and we take your safety and the safety of others very seriously." The form has two columns next to each statement, one for Juvenile initials and one for staff initials. The final statement states, "If no further questions, please sign that you understand and will help us keep our center safe."</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used for interpreters.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.5 Residents with Disabilities and/or Limited English Proficient, page 1, section 1. b., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall not rely on youth interpreters, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety."</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 2.14 Limited English Proficiency, page 1, section Procedure, states, "A telephone interpretation service has been provided to the center as well from Children's Division."</p> <p>The facility provided a PREA Access to Interpreter Services Email Communication. This email is from Jay Rodieck from the Missouri Court and has been sent to staff to include the PREA Coordinator. The email states, "I have spoken to LR (OSCA Administrative Services) who confirmed that OSCA will reimburse for the use of an interpreter for all delinquency hearings, but also when the youth is being interviewed and rights need to read as well as detention intake for rights and information.</p> |

This is to ensure full and equal access to information involving situations where there is a freedom of liberty issue. Due to unscheduled times in which the youth may need an interpreter, there is a LanguageLine Solution that can be accessed 24/7. You are encouraged to set an account so you will access when needed. All information that you may need is posted on CIC through the Topics tab and then Access to Justice. I have attached a link. <https://www.courts.mo.go/page.jsp?id=56426>.

The facility provided an Office of State Courts Administrator, Foreign Language Interpreters Contract. This contract is for language services for the period of one year for various locations throughout the State of Missouri.

Office of State Courts Administrator and International Language Center This contract is for language services for the period of one year for various locations throughout the State of Missouri.

Through such reviews, the facility meets this standards requirements.

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 3.2 Employment background investigation checks, dated 6.1.2000 4. Missouri Department of Social Services Application for Employment, dated 7.2013 5. BNJJC Addendum to the Application and Reference Check Form. dated 7.2013 6. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, dated 6.1.2017 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Services Manager <p>Interviews with the Human Services Manager demonstrated applicants determined to have been convicted of a crime against a person were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.</p> <p>Site Review Observation:</p> <p>Review of 22 staff personnel files demonstrated 100% compliance with each area of the PREA Audit – Juvenile Facilities Documentation Review – Employee File/Records. The facility practice is to complete background checks at hire and every five years thereafter. The facility practice is to complete child abuse registries at hire, when an employee applies for an internal promotion and every year. Adjudication questions are asked during the application, interview and hiring process. File review demonstrated zero staff worked at a past institution; however, the facility demonstrated the employee completes a blank institutional reference form during the hire process.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 1, section 1. a-c., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who;</p> <ol style="list-style-type: none"> a). 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); b). Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c). Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section." <p>(b) The Bruce Normile Juvenile Justice Center PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 1, section 2., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth."</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months' persons hired may have contact with resident who have had criminal background checks was nine.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 3., states, "Before hiring new employees who may have contact with youth, the facility shall adhere to Policy and Procedures Section 3.1 and 3.2 Background Checks. Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of</p> |

any contractor who may have unsupervised contact with youth."

The facility provided a BNJJC Addendum to the Application and Reference Check Form. Page 5, includes the following questions regarding institutional reference check questions.

1. "Did the applicant indicate that they have previously worked at or volunteered in a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correction facility? If yes, contact the facility and ask the questions below.

Note: If the applicant discloses on the Application of Employment – Division of Youth Services addendum that he/she was found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, or civilly or administratively adjudicated to have engaged in this activity, referred the applicant to the DYS Human Resource Manager for guidance before making a hiring recommendation.

1. The applicant has indicated that they were employed with your facility on the following dates. Are these dates correct?
2. Pursuant to the requirements of Prison Rape Elimination Act (PREA), while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility? If yes, explain the circumstances."

(d) The Bruce Normile Juvenile Justice Center PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 4., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth."

(e) The Bruce Normile Juvenile Justice Center PAQ states the agency requires background checks to be completed every five years. Compliance of this standard is substantiated in provision (b) of this standard.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 5., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall conduct annual criminal background records checks as defined in Policy and Procedures Section 3.1 and 3.2. on current employees, volunteer's/student practicum's, and contractors who may have unsupervised contact with youth."

(f) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 6, states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall ask prospective employees and promotional candidates about previous misconduct described in paragraph (a) of this section by requiring them to complete the Bruce Normile Juvenile Justice Center Addendum, in addition to the Employment Application. The facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 3.1 and 3.2 ."

The facility provided a Missouri Department of Social Services Application for Employment. At the bottom of page one and top of page two, the following questions are asked:

- "While working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of any inmate, detainee, client or resident of the facility?
- Have you been found by a civil or administrative body to have engaged in sexual activity or attempted sexual activity facilitated by force, over or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse? This includes any actions taken upon a professional license or a professional registry and any internal administrative investigative results."

(g) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 7., states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

The facility provided a Missouri Department of Social Services Application for Employment. The last portion of the application has applicants certify the information contained in the application is true, to include the following language. "including information pertaining to any report of sexual abuse, sexual contact with or sexual harassment of an inmate, detainee or resident of a prison, jail. Lockup or other correctional facility, (public or private) or report of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to consent."

(h) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 8., states, "Unless prohibited by law, the Bruce Normile Juvenile Justice Center shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional

employer for whom such employee has applied to work. All such request from an institutional employer shall be forwarded to the Court Services Administrator for review and determination."

Through such reviews, the facility meets this standards requirements.

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <p>1. Bruce Normile Juvenile Justice Center PAQ</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the facility has not installed electronic surveillance system since the last PREA audit.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, dated 4.1.2021 4. Request to Kirksville Police Department, dated 10.25.2021 5. Memorandum of Understanding Attempt Letter with Response from/with Rainbow House, dated 9.19.2018 6. Memorandum of Understanding Bruce Normile Juvenile Justice Center and The Rainbow House, dated 3.4.2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. Shift Supervisor 4. Detention Superintendent/PREA Coordinator <p>Interviews with all residents and staff interviewed demonstrated all were clearly aware of reporting protocols for sexual harassment and abuse. Residents interviewed were able to speak about the outside advocate, Rainbow House, and the services they offered to them in and outside of the facility. Staff interviewed were able to articulate that all incidents of abuse were reported to the OHI – Out of Home Placement Investigators who decided if the allegation would be investigated by the OHI or the local Kirksville Police Department.</p> <p>Site Review Observation:</p> <p>There were no criminal investigations in the past 12 months. The facility has Rainbow House, outside advocate postings throughout the facility.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility is not responsible for conducting Administrative sexual abuse investigations. The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1. a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 2 and Section 3. Bruce Normile Juvenile Justice Center Secure Detention Unit has conveyed the PREA requirements to appropriate external investigating agencies."</p> <p>Criminal investigations are conducted by Kirksville Police Department and Administrative Investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months. If a juvenile required a forensic exam, the incident would be documented on a critical incident form after all aspects of the facilities coordinated response were followed. (reference coordinated response in standard 115.365.)</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1. c., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. Bruce Normile Juvenile Justice Center Secure Detention Unit shall document efforts to secure services from rape crisis centers/child advocacy center."</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, page 2, section 2. d., states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident."</p> <p>On 2.13.2022, at 11:11 am, the Auditor phoned the University Hospital at 1 Hospital Drive, Columbia, Missouri 65212 at</p> |

573.882.4141. Upon introducing myself to the operator and explaining the reason for the call, the Auditor was transferred to the Emergency Room. An Emergency Room staff, Chris, answered the phone. After introducing myself and explained the reason for the call, the staff explained the following. Rape victims would be brought to the emergency room, which has Sexual Assault Nurse Examiners on staff during shifts; however, not always. If a victim was brought into the Emergency Room, the hospital would ensure staff were present and or were called in when the hospital learned of an impending arrival. The hospital performs exams on both juveniles and adults.

(d) The Bruce Normile Juvenile Justice Center PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, page 2, section 2.a., states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights."

The facility provided a letter to the Rainbow House, Children's Emergency Shelter Regional Child Advocacy Center Homeless Youth Program. Although the Center could not agree to sign a Memorandum of Understanding, they have agreed to serve as the location for forensic interviews. The facility provided a Memorandum of Understanding (MOU) Bruce Normile Juvenile Justice Center and The Rainbow House. The MOU requests the following responsibilities of the Rainbow House.

1. The Rainbow House shall be responsible for ensuring that background screenings have been completed for advocates that are assigned to work with BNJJC youth.
2. The Rainbow House shall respond to BNJJC youth who have been the victim of sexual abuse by providing services including emotional support and information referrals.
3. The Rainbow House shall ensure the affected youth's interests are represented, their wishes respected, and their rights upheld in accordance with PREA standards.
4. The Rainbow House shall maintain the confidentiality of BNJJC youth receiving services; however, the following information must be reported to the BNJJC PREA Site Coordinator/designee:
 - a. A BNJJC youth discloses plans to do harm to self or others;
 - b. A BNJJC youth discloses information that creates concern for the safety and security of the BNJJC site or its staff;
 - c. A BNJJC youth discloses plans to run from custody; or
 - d. A BNJJC youth behaves inappropriately with an advocate.
- 3.5 The Rainbow House shall provide advance notice of non-emergency requests for access to BNJJC youth and meet with the youth during regular business hours except in exigent circumstances as determined by the BNJJC PREA Site Coordinator/designee.
5. The Rainbow House shall respect BNJJC youth requests for an advocate of a particular gender, if possible.
6. The Rainbow House shall assist in the transfer of advocacy services, with the youth's permission, should the youth transition to a new site.
7. The Rainbow House shall communicate to the BNJJC PREA Site Coordinator/designee the estimated time frame during which services will be delivered, including when a determination is made to terminate services.
8. The Rainbow House shall provide all required services at no cost to BNJJC.

(e) The Bruce Normile Juvenile Justice Center PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, page 2, section 2.b., states, "The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the Detention Superintendent."

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 2, section d., states, "As requested by the victim, the victim's parents/guardian, a victim advocate, or a trained or licensed Bruce Normile Juvenile Justice Center direct care employee such as a Treatment Coordinator or Counselor, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Such services shall be documented on the Critical Incident Review Form."

(f) The Bruce Normile Juvenile Justice Center PAQ states the agency is not responsible for Administrative investigations and relies on another agency to conduct criminal investigations. The agency does request provision a-e of this standard are considered when conducting all investigations. The facility states, criminal investigations are conducted by Kirksville Police Department and administrative investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.

The facility provided a letter to the Kirksville Police Department on 10.25.2021. The first paragraph of this letter states, "As an agency that is responsible for investigating allegations of sexual abuse, or involved in the investigative process, regarding our residents at the Bruce Normile Juvenile Justice Center, we are mandated to provide you with the following section from the Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape regarding Responsive Planning requirements through the Prison Rape Elimination Act (PREA)."

(h) The agency does not have a qualified agency staff member or a qualified community-based staff member for the purposes of this section.

Through such reviews, the facility meets this standards requirements.

Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, dated 4.1.2021
3. BNJJC Program Brochure, not dated
4. MOU Attempt Letter to Law Enforcement, dated 10.25.2021

Interviews:

1. Random residents
2. Random staff
3. Detention Superintendent/PREA Coordinator

Resident and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, placing a note or grievance in the grievance box, telling a trusted adult, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault to staff.

Site Review Observation:

PREA Zero Tolerance, No Touch, and Rainbow House Brochures were witnessed being posted throughout the facility and in the family visiting area.

(a) The Bruce Normile Juvenile Justice Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that was received.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1.a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 2 and Section 3. Bruce Normile Juvenile Justice Center Secure Detention Unit has conveyed the PREA requirements to appropriate external investigating agencies."

Criminal investigations are conducted by Kirksville Police Department and Administrative Investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.

(b) The Bruce Normile Juvenile Justice Center PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations.

The facility provided a BNJJC Program Brochure. Page 2, last paragraph of the brochure states, "If you have concerns of abuse and/or neglect about your child or any child you can file a report with the Child Abuse and Neglect Hotline by calling 1-800-392-3738. Please see the Detention Superintendent for the agency investigation policy."

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1.c., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. Bruce Normile Juvenile Justice Center Secure Detention Unit shall document efforts to secure services from rape crisis centers/child advocacy center."

(c) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1.b., states, "When outside agencies investigate sexual abuse and sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The investigation and process should be of no monetary expense to the child."

Page 2, section 1. a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in Policy and Procedures Section 2 Administration, Policy and Procedures Section 3 Personnel Management and Court Operating Rule 7."

The facility provided a MOU Attempt Letter to Law Enforcement. The letter is addressed to the Chief of the Kirksville Police Department and written by the Detention Supervisor. The first paragraph of the letter states, "As an agency that is responsible for investigating allegations of sexual abuse, or involved in the investigative process, regarding our residents at the Bruce Normile Juvenile Justice Center, we are mandated to provide you with the following section from the Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape regarding Responsible Planning requirements through the Prison Rape Elimination Act (PREA)." The letter states standard language for 115.321 (a-e)

Through such reviews, the facility meets this standards requirements.

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.9 Training and Education, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 5.2 New Personnel Orientation/Familiarization, dated 4.1.2021 4. Bruce Normile Juvenile Justice Center Standing Operation Procedure 5.4 Training within First Year of Employment, dated 4.1.2021 5. Yearly Training Agreement, not dated 6. Bruce Normile Secure Detention Unit Fundamental Practices Employee/Volunteer Agreement, not dated 7. Staff Literature Training Curriculum, not dated 8. Yearly Training Agreement, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Supervisory staff 3. Human Resource Manager 4. Detention Superintendent/PREA Coordinator <p>Interviews with random and specialized staff demonstrated all were aware of and received initial and annual training and a training spreadsheet was made available for review by the Human Resource Manager. Staff spoke to having a responsibility to sign an annual training agreement mandating them to complete 40 hours of annual training which includes a three hour online PREA training and a one-hour search video.</p> <p>Site Observation:</p> <p>During review of staff training files, this Auditor noted 100% compliance for all 22 personnel files reviewed.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard.</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.9 Training and Education, page 1, section A. 1-3, state, "Training and Education: Youth, employees, volunteers and onsite service providers training.</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center Secure Detention Unit will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335. 2. Specific employee training requirements may be found in Policy and Procedures Section 5 Training and Staff Guidelines. 3. All Staff will sign an Employee Training Agreement showing they received the required employee training." <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 5.2 New Personnel Orientation/Familiarization, page 1, section Procedure states, "The NPJS Juvenile Detention Care Worker Curriculum covers the following information which is covered in detail during orientation through an equivalent training by a Supervisor on the Detention Unit:</p> <ol style="list-style-type: none"> a) Adolescent Development b) Behavior Management c) Cultural Diversity d) Ethics and Professionalism e) Gender-Specific Skills f) Interpersonal Communication Skills g) Leadership Skills for Line Staff and Supervisors h) Managing Special Needs i) Observation and Report Writing j) Principles of Supervision k) Security and Emergency Procedures l) Sexual Harassment Prevention m) Suicide Risk Reduction n) PREA o) TRACKS Detention Aide Training p) Mental Health First Aide <p>The facility provided Staff Literature Training Curriculum, to include the following topics:</p> <ol style="list-style-type: none"> 1. Universal Safety Precautions |

2. Effective HIV and STD Prevention
3. Cultural Diversity
4. Electronic Media and Youth Violence
5. Understanding Sexual Violence
6. Understanding Domestic Violence
7. Youth Risk Behavior Surveillance

TABLE OF CONTENTS FOR BLUE BINDER

1. Employee Orientation Manual
2. Suicide Precaution/Monitoring
3. Documentation and Report Creating
4. Gender Specific Programming
5. Emergency Manual Procedures
6. PREA Policy
7. LGBT and First Responder
8. Discipline and Incentives
9. First Aide/CPR

(b) The Bruce Normile Juvenile Justice Center PAQ states training is not tailored to the unique needs and attributes and gender of residents at the facility. During the pre-audit phase, the Auditor asked the PREA Coordinator if the PAQ should state 'Yes'. The PREA Coordinator affirmed the answer should be 'yes', verifying that the curriculum is tailored for the needs and attributes and gender of residents at the facility.

(c) The Bruce Normile Juvenile Justice Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Training is provided to all employees annually.

(d) The Bruce Normile Juvenile Justice Center PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification.

The facility provided Yearly Training Agreement. This agreement attests to employees having completed and understanding their job responsibilities for the following:

1. Zero Tolerance Policy on Sexual Abuse and Sexual Harassment---(COR7 B.15, P&P Section 3 and 17)
2. How to fulfill my responsibilities through Bruce Normile Juvenile Justice Center for prevention, detection, reporting, and response policies on Sexual Abuse and Sexual Harassment. (First Responder Manual, Employee Orientation Manual, P&P: Section 6.5, Section 11, Section 12, and Section 17, TRACKS: PREA Video JUED-7001.)
3. The resident's rights to be free from sexual abuse and sexual harassment (Fundamental Practices Agreement, PREA Orientation at Intake, P&P Section 6 and Section 17, Resident Manual, Safety First Education Group)
4. The rights of the residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. (COR7 B.15.5, P&P Section 7.3 and Section 17, PREA Orientation during Intake, Resident Manual)
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities. (P&P Section 17, Resident Manual, COR7 B15, TRACKS: PREA Video JUED-7001)
6. The common reactions of juvenile victims of sexual abuse and sexual harassment (TRACKS Document: Developmental Characteristics of Children, TRACKS Document: Sexual Maltreatment Indicators, TRACKS Webinar: Trauma Informed Care Part 1 and 2- JDEC-FY13-JJT)
7. How to detect and respond to signs of threatened and actual sexual abuse between residents. (Safe Crisis Management Training, First Responder Manual, P&P Section 17, TRACKS: PREA Video JUED-7001,
8. How to avoid inappropriate relationships with residents. (P&P Section 3 and Section 17, New Employee Training, and on the job training)
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. (TRACKS Webinar: GLBT Youth in Juvenile Center- JDEC-FY13-JTT, LGBTI Manual, Cross Gender Pat Down/Transgender Pat Down Video)
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 - a. (P&P Section 3, 6.5, and 17, Fundamental Practices Employee Agreement)
11. Read and Sign after understanding the Fundamental Practices Employee Agreement
12. 40 HOUR NEW DETENTION TRAINING ON TRACKS

I have read the following Manuals, Policy and Procedures, and understand my job responsibilities.

1. POLICY AND PROCEDURES MANUAL SECTIONS 1-17
2. STANDARD OPERATING PROCEDURES
3. COURT OPERATING RULE 7
4. FIRST RESPONDER AND COORDINATED RESPONSE MANUAL
5. EMERGENCY MANUAL and EMPLOYEE ORIENTATION MANUAL
6. LGBTI MANUAL/GENDER SPECIFIC TRAINING MANUAL

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| <ol style="list-style-type: none">7. SAFE CRISIS MANAGEMENT MANUAL AND TRAINING8. RESIDENT MANUAL9. LEADERSHIP COMMUNICATION MANUAL10. MENTAL HEALTH YOUTH FIRST AID11. CPR/FA/AED TRAINING AND MANUAL |
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Through such reviews, the facility meets this standards requirements.

Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.1 Orientation and Training Program, dated 4.1.2021
3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4 Training within First Year of Employment, dated 4.1.2021
4. Bruce Normile Secure Detention Unit Fundamental Practices Employee/Volunteer Agreement, not dated

Interviews:

1. Detention Superintendent/PREA Coordinator

The Detention Superintendent interviewed stated the facility does not have any current volunteers at the facility.

(a) The Bruce Normile Juvenile Justice Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. Nine total contractors and volunteers could have contact with residents and have completed the required training. However, currently the facility has zero volunteers and medical and mental health contractors due to COVID.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.1 Orientation and Training Program, page 1, section Policy, states, "An annually updated orientation and training program that documents prior and in- service training for personnel and volunteers."

The facility provided a Bruce Normile Secure Detention Unit Fundamental Practices Employee/Volunteer Agreement. Page 2-3, section What to do if you see, hear, or suspect abuse of any kind, "Whenever a Bruce Normile Juvenile Justice Center Secure Detention Unit employee has reasonable cause to suspect an abusive or neglectful incident has occurred; immediately notify the supervisor or designee. (Note: In instances wherein the supervisor or designee is believed to be the perpetrator, the employee shall notify the supervisor or designee at the next appropriate supervisory level.) Bruce Normile Juvenile Justice Center Secure Detention Unit has ZERO Tolerance for any kind of abuse, harassment, and bullying among youth and employees. "

Page 3, section, first and second bullets, states,

- "210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183.
- Any employee who believes that the conduct of a supervisor, manager, coworker, employee, or non- employee constitutes harassing or discriminatory behavior and /or inappropriate conduct as described in Bruce Normile Juvenile Justice Center Secure Detention Unit Policy and Court Operating Rule 7 has a responsibility to immediately report the incident(s)."

The agreement has the following statement, at the end of the document. "I have read and understand the materials provided." Printed name, employee/volunteer signature, SSN, date and Supervisor signature.

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

Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4 Training within First Year of Employment, page 3, third paragraph states, "Students/volunteers will be oriented to the policies and procedures of the Bruce Normile Juvenile Justice Center using the Employee Orientation Manual and pairing them with trained staff until all training topics are covered."

(c) The Bruce Normile Juvenile Justice Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4 Training within First Year of Employment, page 3, fourth paragraph states, "Logs will be kept in employees' personnel files and maintained by the Superintendent of Detention with the assistance of the Clerical staff."

Through such reviews, the facility meets this standards requirements.

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| 115.333 | Resident education |
| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 432 293">Document Review:</p> <ol data-bbox="244 304 1445 566" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Detention Resident Orientation Manual, dated 4.2021 3. 2nd Circuit-Safety First Handbook, English and Spanish versions, not dated 4. Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.3, Orientation into the Facility, dated 6.1.2017 5. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.5, Residents with Disabilities and/or Limited English Proficient, dated 6.1.2017 6. Bruce Normile Juvenile Justice Center Juvenile PREA Intake Orientation Acknowledgement, not dated 7. Office of State Courts Administrator, Contract Award with International Language Center, dated 7.7.2021 <p data-bbox="244 598 352 620">Interviews:</p> <ol data-bbox="244 631 716 723" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Detention Superintendent/PREA Coordinator <p data-bbox="244 730 1485 891">Interviews with four random residents demonstrated each were given PREA information on the day or next day of their admission. Each clearly articulated multiple ways to report, their awareness of the grievance procedures, could report anonymously, and attested to postings always available throughout the facility. The Detention Superintendent reported comprehensive PREA education is given each Saturday demonstrating residents receive comprehensive education within 10 days of intake.</p> <p data-bbox="244 922 416 945">Site Observation:</p> <p data-bbox="244 956 1485 1081">Four residents were at the facility and each file was reviewed by utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template. Three of the four files reviewed demonstrated each had received PREA education on the day of intake with comprehensive education taking place less than a week of intake. The one resident who hadn't yet received comprehensive education had only been at the program for three days.</p> <p data-bbox="244 1113 1485 1205">(a) The Bruce Normile Juvenile Justice Center PAQ states Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 52 residents admitted in the past 12 months were given information at intake.</p> <p data-bbox="244 1236 1477 1361">The facility provided a Bruce Normile Juvenile Justice Center Juvenile PREA Intake Orientation Acknowledgement. The first paragraph of the acknowledgement states, "I will read this out loud and if you have any questions please ask after each statement. Once you understand what each statement is saying we will both initial next to it. We do this form with everyone and we take your safety and the safety of others very seriously." Residents are attesting to the following:</p> <ol data-bbox="244 1373 1477 1899" style="list-style-type: none"> 1. This facility has a ZERO TOLERANCE policy against sexual assault / sexual harassment. 2. Sexual assault can happen to males and females. 3. Physical sexual abuse occurs when a person physically touches or tries to touch another person's private parts; either on top or under the clothes. 4. Verbal sexual abuse occurs when a person verbally threatens to touch the private parts of another person, or when a person makes any suggestions of a sexual nature. 5. Private parts include the: penis, vagina, inner thigh, buttocks, or breast. 6. Sexual assault can be reported to any staff member or someone you trust or by calling the Missouri Child Abuse and Neglect Hotline at 1-800-392-3738. 7. All persons are expected to IMMEDIATELY report any sexual assault, even if the assault happens to someone else. 8. Reporting a sexual assault / sexual harassment is a serious allegation. 9. ALL reports of sexual assaults / sexual harassment will be investigated. 10. Anyone who sexually assaults another person WILL face criminal charges. 11. Retaliation against a victim or the person who reported the sexual assault will NOT be tolerated. 12. False reporting of a sexual assault WILL have consequences. 13. Rainbow House offers services outside of the facility for sexual abuse victims and their families. 1-573-474-6600 <p data-bbox="244 1930 1437 1989">Acknowledgments give the residents the choice to keep this document. Acknowledgments are signed and dated by both residents and staff.</p> <p data-bbox="244 2020 1477 2145">The facility provided a Bruce Normile Detention Resident Orientation Manual. Page 19, section Sexual Harassment – Victimization and How to Report Concerns, states, "Bruce Normile Juvenile Justice Center has a ZERO tolerance policy with any and all Sexual Harassment or Victimization from Staff or Residents. Please report immediately to the Detention Superintendent or any staff member if you are a victim or witness to any sexual harassment or victimization by staff or other</p> |

residents. You may also report to your Attorney, any Supervisor, Juvenile Officer, Counselor, Caseworker, Parents, through a grievance form, or by contacting the Child Abuse and Neglect Hotline at 1-800-392-3738. You may also contact a local victim advocacy agency or crisis center; their information is located on posters in your dayroom and classroom. If you feel you have been retaliated against for filing a report of abuse or harassment you may report through any of the above methods."

Page 26-27, section Definitions as Stated in PREA Policy, states:

"Secure Confinement means a facility in which the movements and activities of the juveniles may be restricted or subject to control through the use of physical barriers or intense staff supervision. A locked facility where the juvenile is not allowed access to the community by leaving.

Gay means relating to or having a sexual orientation to a person of the same sex, typically males.

Lesbian means relating to or having a sexual orientation to a person of the same sex, typically females.

Bisexual means relating to or having sexual orientation to both males and females.

Transgender means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Gender nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Heterosexual means relating to or having a sexual orientation to a person of the opposite sex.

HOTLINE INFORMATION/GRIEVANCE PROCEDURE

I understand that Bruce Normile Juvenile Justice Center has a zero tolerance for any sexual harassment or bullying. If I feel I have been sexually harassed/ abused or bullied in any manner by another person then I may call the Hotline number myself by asking staff to dial the number and/or I may report it to any adult. I understand that all staff are mandated reporters and must report any abuse/neglect to the Hotline number for investigation. 1-800-392-3738

DEFINITIONS RELATED TO SEXUAL ABUSE:

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Penetrations of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetrations of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to the official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) -(5) of this section;
- 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident.

Sexual harassment includes—

- 1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident toward another; and

2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.”

(b) The Bruce Normile Juvenile Justice Center PAQ states within the past 12 months, 52 residents received age appropriate PREA education within 10 days of intake.

The facility provided 2nd Circuit-Safety First Handbook, English and Spanish versions. Page 6 of the handbook includes the following areas for youth to “Remember”:

- “You have the right to say “NO” if someone wants to touch you in any way that makes you feel uncomfortable, afraid or confused.
- You have the right and the responsibility to take care of yourself. You can set limits for yourself and others, trust your feelings, and not let others pressure you.
- True consent means both partners have equal power. Equal power means equal knowledge and equal freedom to make decisions, without pressure.
- Forcing or pressuring someone to have sex is never okay. Force may be physical. It can also be non-physical, as in deception, trickery, threats, and verbal pressured.
- Remember if you are sexually harassed or forced into sexual contact let your staff know.
- You will not be blamed if someone touches you in a way that does not seem right, it is not your fault.
- You will not be hurt or blamed if you tell staff or other trusted adults about any abuse you report.”

The last page of the handbook states, “I have read and/or covered the material in this workbook. Date:/Signature/Staff Signature”

(c) The Bruce Normile Juvenile Justice Center PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. The facility states “when a juvenile is transferred from one facility to another, they are considered a new admission at the new facility.”

Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.3, Orientation into the Facility, page 1, section Written and Oral Notification of Rights, states, “Every juvenile is read their Notice Upon Admission and must initial after each right is read and explained to ensure understanding of their rights. The juvenile and staff must then sign the bottom of the form indicating that the juvenile understands their rights as read and explained and they are given a copy of their rights upon release. A copy is also mailed to the resident’s guardian.”

Page 2, section Procedures continued, states, “The Resident Orientation Manual explains the following:

- Secure Detention Vision and Mission Statement
- The entire Detention Process
- Staff Responsibilities
- Rules and Expectations
- Privileges
- Behavior Incentive Level System
- Violation and Sanction Policy
- Shower procedures
- Morning hygiene procedures and clothing issued
- Visitation/Phone/Mail Policies
- Medical Services
- Sexual Harassment and Victimization Policy and Procedures
- Emergency Procedures for building/fire/tornado
- Complaint and Grievance procedure
- Orientation period/4 quizzes and video on Bullying
- Searches-Room and Person
- School and Program schedules
- PREA Definitions and process”

Page 3, section Rules and Expectations of the facility, states, “Every juvenile is given a copy of the Resident Orientation Manual while in the holding room. During the intake process the rules and expectations are reviewed, discussed, and read with the resident signing a rules agreement during the intake process. Every resident must complete 4 quizzes, using the Resident Orientation Manual and the Court Process Manual, which cover the rules and expectations of the facility and what to expect at Court. Staff and the resident will review the rules through a General Rules Agreement before the resident joins regular programming to ensure all questions regarding detention have been answered.

The rules and expectations are posted in each dayroom and in the classroom for the residents to review at any time.”

(d) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.5, Residents with Disabilities and/or Limited

English Proficient, page 1, section 1.a. states, “Residents with disabilities and residents who are limited English proficient.

a. Bruce Normile Juvenile Justice Center Secure Detention Unit shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”

The facility provided an Office of State Courts Administrator, Contract Award with International Language Center. This contract is for language specialties to include Arabic, Bosnian, Farsi, Mandarin, Russian, Spanish, Tigrinya, Vietnamese or any additional languages upon request. Services also include family support therapy services, mental health interpreter services, client outreach services – educational outreach, and court room services, when needed. This contract is in place for one year.

(e) The Bruce Normile Juvenile Justice Center PAQ states the facility maintains documentation of resident participation in PREA education sessions. Residents sign and date the last page of the 2nd Circuit-Safety First Handbook.

(f) The Bruce Normile Juvenile Justice Center PAQ states The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Through such reviews of the extensive resident training, the facility exceeds this standards requirements.

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <p>1. Bruce Normile Juvenile Justice Center PAQ</p> <p>Interviews:</p> <p>1. Detention Superintendent/PREA Coordinator</p> <p>2. PREA Coordinator</p> <p>Interviews with the Detention Superintendent and the PREA Coordinator state criminal investigations are conducted by Kirksville Police Department and administrative investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states this standard is not applicable as external investigators are used for both criminal and administrative investigations. The facility states, criminal investigations are conducted by Kirksville Police Department and administrative investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.</p> <p>Through such reviews, the facility meets standard.</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ P 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4, Training within First Year of Employment, date 4.1.2021 3. NCIC Specialized Training Curriculum for Medical and Mental Health Staff <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Physician <p>The Facility Physician stated he has received training per ATSU requirements and has had training as a sexual assault examiner. The physician articulated he would ensure the resident understood the processes, how and when to notify the proper authorities, and the SANE/SAFE hospital being used in Columbia.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 100%, four of medical and mental health staff who work at the facility have received training required by agency policy. All medical and mental health staff are contracted.</p> <p>The facility provided NCIC Specialized Training Curriculum for Medical and Mental Health Staff. The curriculum includes the following topics:</p> <ol style="list-style-type: none"> 1. Specialized Training: PREA Medical and Mental Care Standards 2. Module 1: Detecting and Assessing Signs of Sexual Abuse and Harassment 3. Reporting and the PREA Standards 4. Module 3: Effective and Professional Responses 5. Module 4: The Medical Forensic Examination and forensic Evidence Preservation <p>(b) The Bruce Normile Juvenile Justice Center PAQ states their medical staff do not conduct forensic medical exams.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Medical staff is a physician. Mental Health staff are used from 'Mark Twain' an outside agency.</p> <p>Through such reviews the facility meets this standards requirements.</p> |

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| 115.341 | Obtaining information from residents |
| | <p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1477 499" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.4, Orientation for newly admitted juveniles, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.10, PREA Policy – Screening for Risk of Sexual Victimization and Abusiveness, dated 4.1.2021 4. Missouri Secure Detention SAVAC Sexual Assault Victim/Assailant Checklist - computerized <p data-bbox="244 528 352 557">Interviews:</p> <ol data-bbox="244 562 716 622" style="list-style-type: none"> 1. Intake staff 2. Detention Superintendent/PREA Coordinator <p data-bbox="244 627 1485 790">Interviews with intake staff, which all staff at this facility are trained to complete intakes, demonstrated that they complete a risk assessment with each resident within the first or second day of admission. Each stated residents at risk are housed separately, those who are victims are housed in one dayroom and those who are aggressors are housed in a separate room. When residents with risk factors are together during the programmatic day, they are constantly watched by staff in every aspect of the day. Staff reported every resident is reassessed every 30 days, regardless of how long they are in the program.</p> <p data-bbox="244 819 416 848">Site Observation:</p> <p data-bbox="244 853 1441 913">During review of the four resident files, this Auditor noted each resident had received screening on the day of admission. Average length of stay at this facility is 10 days not having the opportunity to reassess residents within 30 days.</p> <p data-bbox="244 943 1490 1070">(a) The Bruce Normile Juvenile Justice Center PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. In the past 12 months 52, 100% of residents whose length of stay was longer than 72 hours, were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.</p> <p data-bbox="244 1099 1477 1196">Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.4, Orientation for newly admitted juveniles, page 2, section H. Initial Medical Screening and Mental Health Screening, states, "The following forms are completed during the intake process:</p> <ul data-bbox="244 1200 750 1361" style="list-style-type: none"> • Health and Medical Questionnaire • MAYSI 2 • Suicide Ideation Questionnaire • Physical Diagram • Sexual Victimization/Predator Risk Questionnaire <p data-bbox="244 1366 1351 1395">Any concerns or questions that are discovered will result in a referral for a medical or mental health evaluation."</p> <p data-bbox="244 1424 948 1453">Page 3, section I. Recording of personal data and information, states, "</p> <ul data-bbox="244 1458 711 1585" style="list-style-type: none"> • All information is recorded in the General Log • JIS Program • Individual Logs • Resident's File" <p data-bbox="244 1615 1423 1675">(b) The Bruce Normile Juvenile Justice Center PAQ states the facility conducts risk assessments by using an objective screening instrument.</p> <p data-bbox="244 1704 1469 1800">The facility provided a computerized version of the Missouri Secure Detention SAVAC Sexual Assault Victim/Assailant. The screening instrument includes the date of assessment, juvenile name, DOB, Date of Reassessment, gender, race, date of additional reassessment, facility name and reason for referral/detention.</p> <p data-bbox="244 1830 467 1859">Possible victim status:</p> <ol data-bbox="244 1863 1485 2159" style="list-style-type: none"> 1. Age 15 or under/comments 2. Small physical stature (under 5'5" and or LT 125 lbs.) or lacking physical maturity/comments 3. Physical or developmental disability or mental illness/comments 4. First secure confinement of any kind/comments 5. Juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming/comments 6. History as victim of sexual abuse or exposure to sexual exploitation or violence (If yes then a meeting with a medical or mental health practitioner must be offered within 14 days) (Information must be reported if not done so previously)/comments 7. History of facility consensual sex/comments 8. History of protective custody/comments |

9. Reports concern over ability to define oneself/comments
10. Lacks facility social support/comments

Possible Predatory Status:

1. Pending sexual assault allegation or prior sexual assault referral/comments
2. History of Institutional predatory behavior/comments
3. History as perpetrator of sexual abuse/comments
4. History as perpetrator of physical abuse/comments
5. Gang affiliation/comments

The screening includes instructions for scoring both potential victim and predatory factors.

(c) The last page of the resident screening tool instructs the following: "Fill in all JIS information including Demographic Information in CPAPERS, assigned the resident to a room and ensuring the Admission Time is correct in CSAROOM."

Through such reviews, the facility meets this standards requirements.

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| 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="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1477 465" style="list-style-type: none"> <li data-bbox="244 304 707 333">1. Bruce Normile Juvenile Justice Center PAQ <li data-bbox="244 338 1461 398">2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Room Restriction/Confinement and Isolation, dated 4.1.2021 <li data-bbox="244 403 1477 465">3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.10, PREA Policy – Screening for Risk of Sexual Victimization and Abusiveness, dated 4.1.2021 <p data-bbox="244 499 352 528">Interviews:</p> <ol data-bbox="244 533 716 593" style="list-style-type: none"> <li data-bbox="244 533 384 562">1. Intake Staff <li data-bbox="244 566 716 593">2. Detention Superintendent/PREA Coordinator <p data-bbox="244 598 1461 689">Interviews with facility staff demonstrated resident risk level is communicated to all departmental staff through the resident electronic files on the shared drive. Actual information regarding the reason for risk is kept in a private shared drive shared only with supervisory staff.</p> <p data-bbox="244 723 416 752">Site Observation:</p> <p data-bbox="244 757 1441 786">During review of the four resident files, this Auditor noted each resident had received screening on the day of admission.</p> <p data-bbox="244 813 1477 904">(a) The Bruce Normile Juvenile Justice Center PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="244 938 1418 999">The last page of the resident screening tool instructs the following: “Fill in all JIS information including Demographic Information in CPAPERS, assigned the resident to a room and ensuring the Admission Time is correct in CSAROOM.”</p> <p data-bbox="244 1028 1473 1189">(b) The Bruce Normile Juvenile Justice Center PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have zero residents placed in isolation at risk of sexual victimization or who were in need of protection from sexual victimization.</p> <p data-bbox="244 1223 1493 1314">Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Room Restriction/Confinement and Isolation, page 4, section Isolation for Sexual Victimization, states, “A resident placed in isolation for protection against sexual abuse will have full privileges with constant staff supervision. A review will be done every 30 days.”</p> <p data-bbox="244 1348 1473 1608">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.10, PREA Policy – Screening for Risk of Sexual Victimization and Abusiveness, page 1, section Placement of Youth states, “Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be placed in isolation or separation as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMO 211.343 Policy and Procedures Section 9.6 Rules and Discipline and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply. A review will be completed every 30 days to determine whether a continuing need for separation from general population is necessary.”</p> <p data-bbox="244 1671 1493 1762">(c) The Bruce Normile Juvenile Justice Center PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.</p> <p data-bbox="244 1796 1482 1989">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.10, PREA Policy – Screening for Risk of Sexual Victimization and Abusiveness, page 1, section Placement of Youth states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall use information obtained during the comprehensive assessment and facility intake procedures to make placement decisions with the goal of keeping all youth safe and free from sexual abuse. Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status.</p> <p data-bbox="244 2022 1418 2114">Youth shall only be isolated or separated in accordance with Policy and Procedures Section 9.6- Rules and Discipline. Lesbian, gay, bisexual, transgender, or intersex youth shall not be isolated or separated solely on the basis of such identification or status.”</p> |

(d) The Bruce Normile Juvenile Justice Center PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis.

(e) The facility reassesses all residents every 30 days.

(f) Every room is a single cell with an individual shower.

(g) This provision is found compliant in provision (f) of this report.

(h) The Bruce Normile Juvenile Justice Center PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.

(i) The Bruce Normile Juvenile Justice Center PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. This provision is found compliant in provision (b) of this provision.

Through such reviews, the facility meets this standards requirements.

| 115.351 | Resident 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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1453 434" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 3. Child Abuse and Neglect Hotline Flyer, not dated 4. Online Mandated Reporting website: Https://apps.dss.mo.gov/OnlineCanReporting/default.aspx <p data-bbox="244 465 352 492">Interviews:</p> <ol data-bbox="244 497 443 555" style="list-style-type: none"> 1. Random resident 2. Random staff <p data-bbox="244 564 1473 757">Residents interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own. Each stated telephone procedures for legal and or PREA calls, which could be made in private, without monitoring or recording, as soon as staff can be available. Such phone calls were not noted to as have occurred. Residents interviewed spoke to the outside hotline advocate phone number being posted on the posters in the facility. Most residents interviewed was aware of her/his right to report anonymously. Of the random residents interviewed, each were able and willing to answer questions.</p> <p data-bbox="244 788 429 815">Site Observations:</p> <p data-bbox="244 819 1485 882">Signage of hotline numbers, third party reporting and advocate information was posted throughout the facility. Each dayroom had a series of PREA policies laminated and bound available for resident review at all times.</p> <p data-bbox="244 913 1477 1008">(a) The Bruce Normile Juvenile Justice Center PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect.</p> <p data-bbox="244 1039 1431 1102">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section Youth Reporting, states,</p> <ol data-bbox="244 1133 1485 1384" style="list-style-type: none"> 1. "Bruce Normile Juvenile Justice Center Secure Detention Unit shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents in accordance with Policy and Procedures Section 7 Juveniles Rights and Court Operating Rule7 2. Bruce Normile Juvenile Justice Center Secure Detention Unit employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the PREA Coordinator. <p data-bbox="244 1415 1477 1541">(b) The Bruce Normile Juvenile Justice Center PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.</p> <p data-bbox="244 1572 1493 1635">The facility provided a Child Abuse and Neglect Hotline Flyer. The flyer has the following reporting options and information for reporting:</p> <ul data-bbox="244 1639 1054 1733" style="list-style-type: none"> • Hotline Numbers: 1.800.392.3738 • Mandated Reporting: Https://apps.dss.mo.gov/OnlineCanReporting/default.aspx • Reporting child abuse is everyone's responsibility <p data-bbox="244 1738 908 1765">o When making a report, be sure to have the following information:</p> <ul data-bbox="244 1769 576 1899" style="list-style-type: none"> <input type="checkbox"/> Name of child <input type="checkbox"/> Name of the parent(s) <input type="checkbox"/> Name of the alleged abuser <input type="checkbox"/> Where the child can be located <p data-bbox="244 1904 445 1930">o You will be asked:</p> <ul data-bbox="244 1935 932 2132" style="list-style-type: none"> <input type="checkbox"/> Is the child in a life-threatening situation now? <input type="checkbox"/> How do you know about the abuse/neglect? <input type="checkbox"/> Did you witness the abuse/neglect? <input type="checkbox"/> Were there other witnesses, and if so, how can they be contacted? • What if I'm not sure it's abuse or neglect? • Mandated Reporters |

On 2.13.2022, at 2:48 pm, this Auditor telephoned the hotline number at 1.800.392.3738. The message stated, "Welcome to the State of Missouri child abuse hotline. Press 2 if an adult. Press 1 if mandated reporter. Calling to report type of abuse about emergency issues, press 1, non-emergent situation, press 4. (Online reporting instructions were heard while waiting for an operator.) The holding line offered a call back; however, if the person receiving the call back could not answer the message states the importance of calling back. While on hold, the message continually states hang up and call 911 and then call us back. After waiting on hold for 60 minutes, this Auditor ended the call. Upon the online report being answered as is described in the next paragraph, the Auditor explained being on hold for one hour as the Auditor did not want to press the option for emergency reports. The worker explained calls go into a que and are answered by type of report and the emergency call would have been answered before non-emergent calls.

On 2.13.2022, at 2:30 pm, this Auditor completed a lengthy child abuse report via <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>. This reporting form requested the reporter set up an account, provide email, phone and address information in addition to three pages of information for those receiving the report. 4:05 pm Diana Worker #27262 responded to the online report. Upon asking Worker 27262 how she would respond to a juvenile and or third party report, she stated the following:

- This is a State hotline for any report of abuse
- If the child was minor, under 18, she would screen for sexual abuse,
- 18 or older and would verify if they are in CDC custody.
- Ask for reporting concerns for children under 18
- Would gather the names related to the concern
- Would possibly redirect to law enforcement
- Would ask for identifying information
- Ask if the care takers are active members of military
- Screen the concerns of the reporter, what the allegation consisted of
- If the report meets the criteria of a concern, the report would be forwarded to the Out of Home Investigation Unit and or local law enforcement
- This online option is for Mandatory Reporting only
- This website is currently not an option for third party reporters.

On 2.13.2022 at 3:59 pm, the Auditor received the following email from the Child Abuse/Neglect Online Submission Details:

"Thank you for reporting your concern to the Hotline. Based on State of Missouri law and regulations:

The information you provided does not meet the statutory criteria of a child abuse and neglect report or referral, so it will not be sent to field staff. We have documented your information. If you get additional information, please call the Hotline at 1-800-392-3738 or make a new on-line report.

The reference number is 20220440115 for the report submitted through OSCAR on 02/13/2022 at 03:39PM"

(c) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ states staff are required to document verbal reports, immediately.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section A. 3., states, "Residents may report verbally to any staff member of their choice. They do not have to report the abuse to the accused staff member. They may report through the grievance procedure, through third-party reports, or by telling their guardians, attorneys, juvenile officers, doctor, nurse, counselor, or other residents. That person will then report it to the Child Abuse/Neglect Hotline and the Detention Superintendent for investigation."

(d) The Bruce Normile Juvenile Justice Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy and practice compliance can be found in provision (c) of this standard.

(e) The Bruce Normile Juvenile Justice Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11).

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 6. a., "In accordance with Court Operating Rule 7 Bruce Normile Juvenile Justice Center Secure Detention Unit provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the Detention Superintendent or designee. In instances where the Superintendent is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. Policy and Procedures Section 7 and Section 3 provides protection of youth against retaliation. Prompt

action shall be taken to remedy any such retaliation."

Through such reviews, the facility meets this standards requirements.

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| 115.352 | Exhaustion of administrative remedies |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13, PREA Policy - Discipline, dated 4.1.2021 4. Bruce Normile Juvenile Justice Center Standard Operating Procedure 7.3, Written grievance procedures for residents, dated 4.1.2021 5. Grievance Form, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Detention Superintendent/PREA Coordinator <p>Residents interviewed were aware of the grievance procedures and understood a staff could help them fill out the form, it needed. Residents interviewed had not filed a grievance form. Worthy of being noted, residents had not filed grievances in the last 12 months and many reported they really liked the facility staff.</p> <p>Site Observation:</p> <p>Grievance boxes were observed in the classroom, third party postings and PREA postings were noted in all areas of the detention area of the facility.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section A. 3., states, “Residents may report verbally to any staff member of their choice. They do not have to report the abuse to the accused staff member. They may report through the grievance procedure, through third-party reports, or by telling their guardians, attorneys, juvenile officers, doctor, nurse, counselor, or other residents. That person will then report it to the Child Abuse/Neglect Hotline and the Detention Superintendent for investigation.”</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy and procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy compliance can found in provision (a) of this standard. Policy compliance can be found in provision (a) of this standard.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Policy compliance can found in provision (a) of this standard. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:</p> <ul style="list-style-type: none"> • there have been zero grievances filed alleging sexual abuse; • zeros grievance alleging sexual abuse that reached final decision within 90 days, after being filed; • zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and; • zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 7.3, Written grievance procedures for residents, page 2, section Grievance Procedures, states, “Grievance Procedure: If a juvenile feels he/she has been treated unfairly, been sexually harassed or abused, or had their rights violated, that resident may make a formal complaint in writing to the Superintendent of Detention. The complaint will be reviewed within 24 hours but as soon as possible and the juvenile can present his/her case to the Superintendent of Detention. The resident has the right to present his/her case to the Chief Juvenile Officer and then to the Court Services Administrator if they feel the issue has not been handled appropriately.</p> <p>a) No reprisals shall be taken against anyone using or participating in this process.</p> |

- b) Residents who filed the grievance will not be referred to the staff member who is the subject of the complaint.
- c) Residents can submit the grievance form in a sealed envelope to a staff member or in the locked Grievance Box in the classroom. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.
- d) The Superintendent of Detention, Chief Juvenile Officer, or Court Services Administrator will be notified in writing within a reasonable time of all complaints against staff members. Staff should be notified of all complaints against other juveniles, and unresolved grievances shall be brought to the attention of the Superintendent of Detention, Chief Juvenile Officer, or Court Services Administrator within a reasonable period of time.
- e) Outside Assistance: A juvenile who feels that he/she has been treated unfairly has the right to request assistance from their attorney at any reasonable time.
- f) All grievances will be addressed in writing within 24 working hours. Emergencies will be dealt with immediately by the Superintendent of Detention or designee.
- g) All grievance involving sexual abuse or sexual harassment will be handled as an emergency grievance with a final decision for investigation within 5 days."

(e) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section B. 1-3. Third Party Reporting, states,

1. "Bruce Normile Juvenile Justice Center Secure Detention Unit shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. All reports will be documented. This information will be contained in the Parent Brochure and maintained on 2nd Circuit Juvenile Divisions webpage."
2. If resident declines third party assistance in filing a grievance alleging sexual abuse, Bruce Normile Juvenile Justice Center Secure Detention Unit shall document the resident's decision to decline.
3. Parents and legal guardians of the resident can file a grievance alleging sexual abuse, including appeals, on behalf of the resident regardless of whether or not the resident agrees to having the grievance filed on their behalf."

(f) The Bruce Normile Juvenile Justice Center PAQ states the facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The facilities policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The facilities policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. No grievances were received alleging substantial risk of imminent sexual abuse, that were filed in the past 12 months, reached final decisions within five days.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 3., states, "When Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth." Note: Bruce Normile Juvenile Justice Center Standard Operating Procedure 7.3, Written grievance procedures for residents answers all grievances within 24 hours. Reference provision (c) of this standard for policy compliance.

(g) The Bruce Normile Juvenile Justice PAQ states the facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there have been zero grievances alleging sexual abuse to occasions where the agency demonstrated that the resident filed the grievance in bad faith.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13, PREA Policy – Discipline, page 1, section 3.a. states, "Youth who file a grievance alleging sexual abuse in bad faith can receive consequences."

The facility provided a grievance form. The form includes the following:

1. Check if this involves Sexual Harassment or Sexual Abuse
2. Resident's Name/Date
3. Whom is the grievance being filed against (if applies)
4. Reason and details as to why you are filing the grievance
5. Date and Results of Superintendent Meeting with resident
6. Reason for the decision by the Superintendent
7. Resident's response to the decision/meeting of the grievance
8. Resident signature
9. Date & Superintendent's Signature

Through such reviews, the facility meets this standards requirements.

| 115.353 | Resident access to outside confidential support services and legal representation |
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| | <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="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1465 499" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 8.3, Telephone Use by Residents, dated 4.1.2021 4. Rainbow House MOU attempt, dated 9.19.2018 5. Facility Emergency Number Posting, not dated 6. No Means No Flyer, not dated <p data-bbox="244 528 352 557">Interviews:</p> <ol data-bbox="244 562 451 656" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Specialized staff <p data-bbox="244 660 1477 757">Residents interviewed demonstrated their reporting knowledge externally to include calling the hotline, the advocate number posted or telling their Juvenile Officer. Each resident interviewed stated they felt safe in the program and comfortable reporting sexual harassment or abuse.</p> <p data-bbox="244 786 1445 882">(a) The Bruce Normile Juvenile Justice Center PAQ was blank. During the pre-audit phase, the Auditor asked the PREA Coordinator if the PAQ should state 'Yes'. The PREA Compliance Manager stated 'Yes' the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:</p> <ul data-bbox="244 887 1490 1081" style="list-style-type: none"> • Gives residents (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. • Does not give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes. • Enables reasonable communication between residents and these organizations, in as confidential manner as possible. <p data-bbox="244 1111 1490 1305">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 2, section C. 1., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow residents 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. Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible."</p> <p data-bbox="244 1335 1181 1364">The facility provided an emergency phone number flyer. This flyer includes phone numbers to:</p> <ol data-bbox="244 1368 777 1498" style="list-style-type: none"> 1. The National Sexual Abuse Hotline 2. Stop it Now! 1.888.PREVENT 3. National Child Abuse Hotline 4. Child Abuse Hotline/Department of Social Services <p data-bbox="244 1527 1474 1588">The facility provided a No Means No Posting. This posting speaks to the Right to Report, How to Report and Victim Support Services with the address and phone contact information to the Rainbow House.</p> <p data-bbox="244 1617 1466 1778">(b) The Bruce Normile Juvenile Justice Center PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for 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 1807 1477 1904">"Bruce Normile Juvenile Justice Center Standard Operating Procedure 8.3, Telephone Use by Residents, page 2, section F. a-e, state, "A resident's phone call to individuals other than counsel, service coordinator, or their deputy juvenile officer may be monitored, but only under the following conditions:</p> <ol data-bbox="244 1933 1477 2161" style="list-style-type: none"> a) There is reason to believe the resident is speaking to someone other than those on the juvenile's approved phone list. b) There is reason to believe the resident is planning an escape or other illegal behavior. c) There is reason to believe that a resident is being threatened or otherwise intimidated by a caller. d) Juvenile Officer request for a specific reason for the monitoring. e) Procedure for Documentation of Monitoring: All incidents of monitoring shall be indicated on the General Log and the telephone log in the appropriate column. Further, each incident shall be detailed in an incident report. The report will be filed in the resident's file and will include pertinent information such as date, name of staff member initiating the monitoring, etc." |

(c) The Bruce Normile Juvenile Justice Center PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided an attempted Memorandum of Understanding for advocacy services; however, the MOU attempt dated 2018, outside of the auditing cycle and the facility was asked to make another attempt.

The facility provided a Rainbow House Regional Children's Advocacy Center (CAC) Multidisciplinary (MDT) Protocols and Interagency Agreement. Page one, section Mission, states, "Utilizing best practices which are constantly evolving, the Multi-Disciplinary Team (MDT) approach strives to coordinate the efforts of all agencies involved to administer the most effective, efficient, child friendly, and trauma aware investigative practices available and intends to achieve proper adjudication, prosecution, treatment, and prevention of child abuse. The protocols shall adhere to the Child First doctrine which strives to heal and protect children and families from the devastating effects of trauma and chronic stress fostering the development of strong, nurturing, caregiver-child relationships, promoting adult capacity, and connecting families with needed services."

On 2.20.2022 at 5:38 pm, MST, this Auditor phoned the Rainbow House Regional Child Advocacy Center at 1611 Towne Drive, Columbia, MO 65202 at phone number. 573.474.6600. After the Auditor introduced herself and the reason for the call, the operator stated my questions would be better answered by a supervisor. The operator took down contact information and stated I would get a call back during normal business hours. On March 15, 2022 at 11:38 am, 'Brenda' from the Rainbow House phoned and explained the center would assist in providing advocacy services to youth through a forensic exam and provide advocacy services to the youth as long as those services were needed.

(d) The Bruce Normile Juvenile Justice Center PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. Policy compliance can be found in provision (b) of this standard.

Through such reviews, the facility exceeds this standards requirements.

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| 115.354 | Third-party 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="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1453 365" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 <p data-bbox="244 398 352 427">Interviews:</p> <ol data-bbox="244 432 451 524" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Specialized staff <p data-bbox="244 528 1485 589">Residents and staff interviewed demonstrated their reporting knowledge of third-party reporting by telling a Juvenile Officer a family member or calling the hotline.</p> <p data-bbox="244 593 419 622">Site Observation:</p> <p data-bbox="244 627 1321 656">Third Party reporting information was observed in the no contact visiting area via the facility PREA brochure.</p> <p data-bbox="244 689 1453 781">(a) The Bruce Normile Juvenile Justice Center PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p data-bbox="244 815 1485 875">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section B. 1-3. Third Party Reporting, states,</p> <ol data-bbox="244 902 1477 1167" style="list-style-type: none"> 1. "Bruce Normile Juvenile Justice Center Secure Detention Unit shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. All reports will be documented. This information will be contained in the Parent Brochure and maintained on 2nd Circuit Juvenile Divisions webpage." 2. If resident declines third party assistance in filing a grievance alleging sexual abuse, Bruce Normile Juvenile Justice Center Secure Detention Unit shall document the resident's decision to decline. 3. Parents and legal guardians of the resident can file a grievance alleging sexual abuse, including appeals, on behalf of the resident regardless of whether or not the resident agrees to having the grievance filed on their behalf." <p data-bbox="244 1193 1493 1254">The facility provided a Child Abuse and Neglect Hotline Flyer. The flyer has the following reporting options and information for reporting:</p> <ul data-bbox="244 1258 1054 1758" style="list-style-type: none"> • Hotline Numbers: 1.800.392.3738 • Mandated Reporting: https://apps.dss.mo.gov/OnlineCanReporting/default.aspx • Reporting child abuse is everyone's responsibility <ul style="list-style-type: none"> o When making a report, be sure to have the following information: <ul style="list-style-type: none"> <input type="checkbox"/> Name of child <input type="checkbox"/> Name of the parent(s) <input type="checkbox"/> Name of the alleged abuser <input type="checkbox"/> Where the child can be located o You will be asked: <ul style="list-style-type: none"> <input type="checkbox"/> Is the child in a life-threatening situation now? <input type="checkbox"/> How do you know about the abuse/neglect? <input type="checkbox"/> Did you witness the abuse/neglect? <input type="checkbox"/> Were there other witnesses, and if so, how can they be contacted? • What if I'm not sure it's abuse or neglect? • Mandated Reporters <p data-bbox="244 1787 1493 2085">On 2.13.2022, at 2:48 pm, this Auditor telephoned the hotline number at 1.800.392.3738. The message stated, "Welcome to the State of Missouri child abuse hotline. Press 2 if an adult. Press 1 if mandated reporter. Calling to report type of abuse about emergency issues, press 1, non-emergent situation, press 4. (Online reporting instructions were heard while waiting for an operator.) The holding line offered a call back; however, if the person receiving the call back could not answer the message states the importance of calling back. While on hold, the message continually states hang up and call 911 and then call us back. After waiting on hold for 60 minutes, this Auditor ended the call. Upon the online report being answered as is described in the next paragraph, the Auditor explained being on hold for one hour as the Auditor did not want to press the option for emergency reports. The worker explained calls go into a que and are answered by type of report and the emergency call would have been answered before non-emergent calls.</p> <p data-bbox="244 2112 935 2141">Through such reviews, the facility meets this standards requirements.</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Random Staff 3. Specialized Staff 4. Detention Superintendent/PREA Coordinator <p>Interviews with staff and residents demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment. The Detention Supervisor explained all allegations would be documented on an incident report and in the resident electronic file.</p> <p>Site Observations:</p> <p>This facility has never experienced a sexual harassment or sexual abuse allegation. After touring the facility, witnessing the many visual postings, talking with residents and staff and reviewing the documentation uploaded during the pre-audit phase, the Auditor complements the facility for the obvious attention they hold in regard to PREA implementation and upholding standard requirements.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall require all employees to respond and report immediately in accordance with Court Operating Rule 7 and Policy and Procedures Section 2 and Section 3 , any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Compliance can be found in provision (a) of this standard.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 2, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall require all employees and external service providers to comply with Section 210.115 RSMO mandatory child abuse reporting laws. Residents can file a grievance to report sexual abuse and sexual harassment, but it will be treated as if the report was given verbally. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.”</p> <p>(c) Bruce Normile Juvenile Justice Center PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 3, states, “When Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth. Staff will not reveal any information related to the sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decision.”</p> <p>(d) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 2, section C. 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow residents 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. Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow</p> |

reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.”

(e) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 5, states, “If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. The PREA Compliance manager also reports the incident to the Child Abuse/Neglect Hotline. Documentation of notification shall be maintained by the PREA Compliance Manager. If allegations are reported to Bruce Normile Juvenile Justice Center regarding sexual abuse to a past resident the same procedures will be followed for a full investigation.”

(f) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section A. 2, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the Program Manager.”

Through such reviews, the facility meets this standards requirements.

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| 115.362 | Agency protection duties |
| | <p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1453 365" style="list-style-type: none"> <li data-bbox="244 304 703 333">1. Bruce Normile Juvenile Justice Center PAQ <li data-bbox="244 336 1453 365">2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 <p data-bbox="244 398 352 427">Interviews:</p> <ol data-bbox="244 432 716 490" style="list-style-type: none"> <li data-bbox="244 432 440 461">1. Shift Supervisors <li data-bbox="244 463 716 490">2. Detention Superintendent/PREA Coordinator <p data-bbox="244 497 1473 557">Interviews with specialized staff demonstrated the facility staff would act promptly and responds properly at the discovery of the incident.</p> <p data-bbox="244 589 416 618">Site Observation:</p> <p data-bbox="244 622 895 651">The facility did not have any investigations in the past 12 months.</p> <p data-bbox="244 680 1484 775">(a) The Bruce Normile Juvenile Justice Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the facility reports zero residents were subject to substantial risk of imminent sexual abuse.</p> <p data-bbox="244 804 1490 898">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 3., states, “When Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth.”</p> <p data-bbox="244 927 876 956">Through such reviews the facility meets standard requirements.</p> |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>The interview with the Program Director demonstrated that she was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred within 72 hours; however, she would make the notification immediately. This instance had not occurred in the past 12 months.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 5. a., states, "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. The PREA Compliance manager also reports the incident to the Child Abuse/Neglect Hotline. Documentation of notification shall be maintained by the PREA Compliance Manager."</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the last 12 months, there have been zero allegations of sexual abuse the facility received from other facilities.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 5. b., states, "If allegations are reported to Bruce Normile Juvenile Justice Center regarding sexual abuse to a past resident the same procedures will be followed for a full investigation."</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.364 | Staff first responder duties |
| | <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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1453 398" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 3. Facility Manual First Responder and Coordinated Response, not dated <p data-bbox="244 434 352 461">Interviews:</p> <ol data-bbox="244 465 716 557" style="list-style-type: none"> 1. Random staff 2. Specialized staff 3. Detention Superintendent/PREA Coordinator <p data-bbox="244 562 1490 624">Interviews with random and supervisory staff demonstrated each were aware of their first responder responsibilities and each attested to the facility never having an allegation of sexual harassment or sexual abuse.</p> <p data-bbox="244 660 416 687">Site Observation:</p> <p data-bbox="244 692 1046 719">This facility has not had any reports of sexual harassment or sexual abuse, ever.</p> <p data-bbox="244 745 1493 1108">(a) The Bruce Normile Juvenile Justice Center PAQ states the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, one allegation occurred where a resident was sexually abused. During the one allegation, the security staff member immediately responded, separated and reported the alleged victim and abuser. In the past 12 months, there were zero allegations where staff were not notified within a time period that still allowed or the collection of evidence.</p> <p data-bbox="244 1135 1485 1332">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section 4. a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse as outlined in Policy and Procedures Section 12 Safety and Emergency Procedures." Policy compliance can be found in Standard 115.365, within the facilities First Responder and Coordinated Response.</p> <p data-bbox="244 1359 1485 1489">(b) The Bruce Normile Juvenile Justice Center PAQ states the facility's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. There have been zero allegations that a resident was sexually abused in the past 12 months where a non-security staff was the first responder.</p> <p data-bbox="244 1516 935 1543">Through such reviews, the facility meets this standards requirements.</p> |

Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Facility Manual First Responder and Coordinated Response, not dated

Interviews:

1. Random Staff
2. Shift Supervisors
3. Detention Superintendent/PREA Coordinator

Interviews with all staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents. Each attested to a PREA Blue Binder located in the Control Room. Staff stated the binder has the facility PRA policies and the steps to take when an allegation is reported

Site Observation:

Review of the institutional plan demonstrates clear direction to staff to ensure first responder duties are fulfilled.

(a) The Bruce Normile Juvenile Justice Center PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided a Facility Manual First Responder and Coordinated Response. Page 1 of the manual has two flow charts. One flow chart are directives to ensure abuse has been reported to the Child/Abuse Neglect Hotline. The second flow chart are directives to ensure those witnessing abuse intervened to stop the abuse from reoccurring. The remaining three pages include guidelines for the following:

- First Responder Protocols for Sexual Abuse
 - o Coordinated Response and First Responder to Sexual Abuse Guidelines
 - ☐ First Responder, Abuse in Progress
- Upon discovering abuse of a youth in progress by either another youth or staff, or being alerted to abuse immediately following the incident:
 - Separate the victim and abuser – call for help, if needed
 - Use crisis intervention techniques as necessary to ensure safety
 - Separate witnesses
 - Contact the Detention Superintendent If Detention Superintendent is the abuse, notify Chief Juvenile Officer.
 - Contact law enforcement
 - Do not allow the victim or abuser to shower, was, use the toilet, change clothes, eat or drink, brush his/her teeth, or rinse his or her mouth
 - Attempt to preserve any bedding, clothing, towels or other items that could potentially be used as evidence.
 - Contact Child Abuse and Neglect Hotline
 - Provide emergency medical assistance, if necessary.
 - Take victim to a local medical provider for examination.
 - Observe the scene where the abuse was discovered, documenting the following:
 - o Is anything out of place?
 - o Are there any objects of note such as clothes?
 - o Are there suspicious items on the floor?
 - o Are there any obviously missing objects?
 - o Are there puddles or stains?
 - o What time is it?
 - o Are the lights on?
 - o Who is present in the area?
 - Assess and process the incident and situation
 - Document the incident using the Critical Incident Reporting System
 - Services First Responder Protocols for Sexual Abuse
 - o First Responder, Recent Abuse
 - o Upon receiving a report from a youth the he/she has been the victim of abuse in the last 72 hours.
 - Coordinated Response to Reports of Sexual Abuse
 - o Staff/Timeframes and Responsibility, for:
 - o First Responder
 - o Detention Superintendent
 - o PREA Compliance Manager/Facility Manager
 - o Medical Personnel
 - o Court Services Administrator

Through such reviews, the facility meets this standards requirements.

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <p>1. Bruce Normile Juvenile Justice Center PAQ</p> <p>Interviews:</p> <p>1. Detention Superintendent/PREA Coordinator</p> <p>Interviews with the PREA Coordinator determined the facility has not entered into collective bargaining agreements.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has not entered into or renewed any collective bargaining agreements since the last PREA audit.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>Interviews with the facility administrators demonstrated they would complete all retaliation monitoring and document in the daily shift notes and or in the resident electronic file. Staff reported retaliation monitoring would be in place and documented for 90 days and or as long as necessary.</p> <p>Site Observation:</p> <p>A need for retaliation monitoring had not presented a need in the past 12 months.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility designates the Detention Superintendent as the retaliation monitor.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 1., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall require all employees to respond and report immediately in accordance with Court Operating Rule 7 and Policy and Procedures Section 2 and Section 3 , any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."</p> <p>(b) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 6.a-c, states,</p> <p>a. "In accordance with Court Operating Rule 7 Bruce Normile Juvenile Justice Center Secure Detention Unit provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the Detention Superintendent or designee. In instances where the Superintendent is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. Policy and Procedures Section 7 and Section 3 provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation."</p> <p>b. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, housing assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation.</p> <p>c. Bruce Normile Juvenile Justice Center Secure Detention Unit obligation to monitor shall terminate if the allegation is unfounded."</p> <p>(c-e) The Bruce Normile Juvenile Justice Center PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Rules of conduct/possible range of disciplinary actions, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>Interviews with facility administrators demonstrated that isolation is not a practice at the facility.</p> <p>Site Observation:</p> <p>All cells are single cells, each with a toilet and sink.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise." In the last 12 months there have been zero residents who allege to have suffered sexual abuse, who were placed in isolation.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Rules of conduct/possible range of disciplinary actions, page 4, section Isolation for Sexual Victimization, states, "A resident placed in isolation for protection against sexual abuse will have full privileges with constant staff supervision. A review will be done every 30 days."</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, dated 4.1.2021 3. Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report, dated 06.2000 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>Interviews with the Detention Superintendent demonstrated all investigations are completed by the Out of Home Placement Investigator Unit and or the local Kirksville Police Department. The facility does not utilize their own investigations.</p> <p>Site Observation:</p> <p>The facility did not have any investigations in the past 12 months.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. The agency and facility have policies</p> <p>Although the facility has standard operating procedure for Investigations, the facility does not conduct administrative and or criminal investigations. Criminal investigations are conducted by Kirksville Police Department and Administrative Investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2, section 1. a-c., states, "Criminal and administrative agency investigations.</p> <ol style="list-style-type: none"> a. The Bruce Normile Juvenile Justice Center Secure Detention Unit shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 2 and Section 3. Bruce Normile Juvenile Justice Center Secure Detention Unit has conveyed the PREA requirements to appropriate external investigating agencies. b. When outside agencies investigate sexual abuse and sexual harassment, Bruce Normile Juvenile Justice Center Secure Detention Unit shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. c. An Incident Review is completed by administration after a substantiated report of sexual abuse/harassment. The review is completed by the Detention Superintendent, Court Services Administrator, and Chief Juvenile Officer. The Incident Review Form will be completed following the review." <p>(b) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(c) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 3, section e., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit responsibility to report under this standard shall terminate if the youth is discharged from the Bruce Normile Juvenile Justice Center Secure Detention Unit."</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 3, section c., states, "An incident Review is completed by administration after a substantiated report of sexual abuse/harassment. The review is completed by the Detention Superintendent, Court Services Administrator, and Chief Juvenile Officer. The Incident Review Form will be completed following eh review. The investigation will not be terminated solely because the source of the allegation recanted the allegation."</p> <p>(e) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(f) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(g) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>The facility provided a Missouri Department of Social Services – Division of Family Services Residential Program Unit</p> |

Incident Report. This report would be used to document investigation incident reviews.

(h) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.

(l) The Bruce Normile Juvenile Justice Center PAQ states there has been zero sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. Policy compliance can be found in provision (a) of this standard.

(j) The Bruce Normile Juvenile Justice Center PAQ states the agency does not retain all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The facility does not conduct administrative or criminal investigations.

(k) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.

(m) Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets this standards requirements.

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| 115.372 | Evidentiary standard for administrative investigations |
| | <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="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1334 365" style="list-style-type: none"> <li data-bbox="244 304 703 333">1. Bruce Normile Juvenile Justice Center PAQ <li data-bbox="244 336 1334 365">2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, dated 4.1.2021 <p data-bbox="244 398 352 427">Interviews:</p> <ol data-bbox="244 432 716 461" style="list-style-type: none"> <li data-bbox="244 432 716 461">1. Detention Superintendent/PREA Coordinator <p data-bbox="244 465 1473 526">Interviews with the Detention Superintendent demonstrated all investigations are completed by the Out of Home Placement Investigator Unit and or the local Kirksville Police Department. The facility does not utilize their own investigations.</p> <p data-bbox="244 560 1493 680">(a) The Bruce Normile Juvenile Justice Center PAQ states the agency does not impose a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not determine whether allegations of sexual abuse or sexual harassment are substantiated. All investigative outcomes are decided by outside agencies.</p> <p data-bbox="244 714 935 743">Through such reviews, the facility meets this standards requirements.</p> |

| 115.373 | Reporting to residents |
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| | <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="244 271 435 300">Document Review:</p> <ol data-bbox="244 304 1334 365" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, dated 4.1.2021 <p data-bbox="244 398 352 427">Interviews:</p> <ol data-bbox="244 432 716 461" style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p data-bbox="244 465 1473 557">Interviews with the Detention Superintendent demonstrated all investigations are completed by the Out of Home Placement Investigator Unit and or the local Kirksville Police Department. The Out of Home Investigators would notify the Detention superintendent who would then notify residents throughout the investigation process.</p> <p data-bbox="244 591 1485 748">(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the last 12 months there have been zero criminal and or administrative investigations and zero residents were notified of outcomes.</p> <p data-bbox="244 781 1461 907">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2, section 2. a. states, "Following an investigation into a youth's allegation of sexual abuse suffered in a residential facility, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and this would be documented on a Critical Incident Report Form"</p> <p data-bbox="244 940 1430 1032">(b) The Bruce Normile Juvenile Justice Center PAQ states if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse.</p> <p data-bbox="244 1066 1453 1191">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2, section 1. b. states, "When outside agencies investigate sexual abuse and sexual harassment, Bruce Normile Juvenile Justice Center Secure Detention Unit shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."</p> <p data-bbox="244 1225 1497 1317">(c) The Bruce Normile Juvenile Justice Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul data-bbox="244 1321 1414 1447" style="list-style-type: none"> • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility." <p data-bbox="244 1480 1469 1606">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2-3, section 2. b. 1-3, states, "Following a youth's allegation that an employee member has committed sexual abuse against the youth, the PREA Compliance Manager shall subsequently inform the youth (unless Bruce Normile Juvenile Justice Center Secure Detention Unit has determined that the allegation is unfounded) whenever:</p> <ol data-bbox="244 1632 1425 1798" style="list-style-type: none"> 1. The employee is no longer employed at the facility; 2. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that the employee has been charged with a law violation related to a sexual abuse incident within the facility; or 3. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that the employee has been convicted of a law violation related to a sexual abuse incident within the facility." <p data-bbox="244 1832 1477 1957">(d) The Bruce Normile Juvenile Justice Center PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="244 1991 1441 2083">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2-3, section 2. c. 1-2, states, "Following a youth's allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform the alleged victim whenever:</p> <ol data-bbox="244 2110 1430 2139" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a petition has been filed against the alleged |

abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or
2. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility.”

(e) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notifications to a resident, pursuant to this standard.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 3, section 2. d., states, “The PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes.”

Through such reviews, the facility meets this standards requirements.

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Standard 115.376: Disciplinary sanctions for staff</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, dated 4.1.2021 3. Court Operating Rule 7 – Missouri Circuit Court Personnel System, dated 7.1.1999 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>Interviews demonstrated in the last 12 months, the facility had zero staff who was disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The facility provided Court Operating Rule 7 – Missouri Circuit Court Personnel System. Page 2, section (c-d), state, “An employee who witnesses an act of sexual harassment has a responsibility to report such act to the immediate supervisor, unit manager, personnel officer, or appointing authority. Employees shall not abuse this policy by filing repeating frivolous complaints of sexual harassment.”</p> <p>Section B. 15.6 states, “Any employee who violates this policy shall be subject to disciplinary action up to and including dismissal.”</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 1, section 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy, Court Operating Rule 7and Policy and Procedures Section 2 and Section 3.”</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment. The facility program manager reports all investigations are reported to law enforcement and termination or resignation would not be a factor in the completion of an investigation.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>Interviews demonstrated during the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, page 1, section 2. a., Corrective Action for Contractors and Volunteers, states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Bruce Normile Juvenile Justice Center has not experienced an incident where a volunteer or contractor has engaged in sexual abuse or harassment; however, removal from facility premises and restricting access and possible termination of access would be the remedial measures.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

| 115.378 | Interventions and disciplinary sanctions for residents |
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| | <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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1441 367" style="list-style-type: none"> <li data-bbox="244 304 707 331">1. Bruce Normile Juvenile Justice Center PAQ <li data-bbox="244 336 1441 367">2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, dated 4.1.2021 <p data-bbox="244 398 352 425">Interviews:</p> <ol data-bbox="244 430 716 524" style="list-style-type: none"> <li data-bbox="244 430 557 456">1. Court Services Administrator <li data-bbox="244 461 528 488">2. Juvenile Officer in Charge <li data-bbox="244 492 716 524">3. Detention Superintendent/PREA Coordinator <p data-bbox="244 528 1386 591">Interviews with the Incident Review Team demonstrated residents who falsely reported PREA allegations would be disciplined if the opportunity presented.</p> <p data-bbox="244 622 1493 815">(a) The Bruce Normile Juvenile Justice Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there have no criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.</p> <p data-bbox="244 846 1490 972">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 2, section 4., states, “Behaviors that have fall under the zero tolerance policy and will have no warning and go to immediate consequences are the following: IMMEDIATELY ESCORT THE ACTING OUT RESIDENT TO THEIR ROOM AND TELL THEM YOU WILL BE BACK TO SPEAK TO THEM. If the resident won't go to their room, then remove the other residents from that area.</p> <ul data-bbox="244 976 1469 1205" style="list-style-type: none"> <li data-bbox="244 976 1131 1003">• Physical Bullying- hitting, kicking, shoving, fighting, taking or destroying others property. <li data-bbox="244 1008 1469 1070">• Sexual Harassment- making sexual comments, jokes, gestures, or looks to another resident or staff. Calling others gay or lesbian; touching, grabbing, pinching or brushing up against another person in a sexual manner; flashing or mooning. <li data-bbox="244 1075 756 1102">• Sexual Abuse to another resident or staff member <li data-bbox="244 1106 435 1133">• Property Damage <li data-bbox="244 1137 1417 1205">• Behaviors that jeopardize the safety and security of the unit or residents- planning an escape, attempting an escape, attempting to injure a staff. <p data-bbox="244 1236 1490 1496">(b) The Bruce Normile Juvenile Justice Center PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse.</p> <p data-bbox="244 1536 1490 1662">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 2, section 4. last paragraph, states, “Residents who engage in the above behaviors would be separated from the other residents during unstructured activities. Residents would participate in regular programming with staff supervising the interactions with the other residents. Residents may be transferred to another facility or acute care depending on the referring Juvenile Officer.”</p> <p data-bbox="244 1693 1490 1818">(c) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 2, section 4. first paragraph, states, “Staff will look at the circumstances of the incident, resident's disciplinary history, and the sanctions or consequences imposed with similar circumstances. Staff will consider the resident's mental disabilities if any, that may have contributed to the incident. Counseling will be offered to every resident after one of the above incidents.”</p> <p data-bbox="244 1850 1430 2042">(d) The Bruce Normile Juvenile Justice Center PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Although the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility does not mandate whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.</p> <p data-bbox="244 2074 1461 2136">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 1, section 3, states, “Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to</p> |

address and correct the underlining reasons for their conduct.”

(e) The Bruce Normile Juvenile Justice Center PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page, second paragraph, states, “If a staff member consents to sexual contact from a resident then the resident may not be disciplined.”

(f) The Bruce Normile Juvenile Justice Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page, third paragraph, states, “All circumstances of sexual abuse/harassment or suspicion of sexual abuse/harassment must be reported and no consequences shall be imposed if the report is unsubstantiated.”

(g) The Bruce Normile Juvenile Justice Center PAQ states the agency prohibits all sexual activity between residents. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets this standards requirements.

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, dated 4.1.2021 3. Ideation – Intent Assessment and PREA Questions, not dated 4. Bruce Normile Juvenile Justice Center -18+ Consent Reporting Form, dated 8.31.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Specialized Staff 3. Mark Twain Behavioral LPC <p>Interviews with staff demonstrated they would contact the community provider anytime a disclosure of victimization or one of an abuser was received.</p> <p>Although the program does not have mental health staff, Mark Twain Behavioral Health (MTBH) a community provider provides crisis intervention services to the facility as requested by staff. All disclosures would be documented on a Community Event Report Form and forwarded to the Department of Mental Health. MTBH are mandatory reporters and will report any knowledge and or suspicion of abuse.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months there has been 100 residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 1, section 1.a., states, “If the screening completed in accordance with Policy and Procedures Section 6- Screening, Intake, and Admissions indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with Policy and Procedures Section 14 Health Care Services.”</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. All residents are allowed a follow-up meeting offered within 14 days of the intake screening. In the past 12 months a 100% of residents who disclosed previously perpetrated sexual abuse, as indicated during the screening process. Note: were seen by mental health upon admission, regardless if they have disclosed, perpetrated or have been victimized.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 1, section 1.b., states, “If the screening completed in accordance Policy and Procedures Section 6- Screening, Intake, and Admissions indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening in accordance with Policy and Procedures Section 14 Health Care Services.”</p> <p>The facility provided an Ideation – Intent Assessment and PREA Questions. The PREA questions include the following:</p> <ol style="list-style-type: none"> 1. Do you consider yourself to be any of the following: Gay, Lesbian, Bisexual, Transgender, Intersex, Gender nonconforming, Heterosexual or refused to answer? 2. Do you have any concerns with your safety while you are in this facility? Do you have any concerns with your safety outside of this facility? 3. Have you ever been sexually abused by someone? Have you ever sexually abused someone? <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 1.c., states, “Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform</p> |

treatment plans and safety decisions, or as otherwise required by Federal, State, or local law in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights."

(d) The Bruce Normile Juvenile Justice Center PAQ states, 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.

Bruce Normile Juvenile Justice Center -18+ Consent Reporting Form. This form documents the resident disclosed a prior sexual experience and consents to staff being able to report to the proper authorities.

Through such reviews, the facility meets this standards requirements.

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| 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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1453 398" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, dated 4.1.2021 <p data-bbox="244 434 352 461">Interviews:</p> <ol data-bbox="244 465 805 492" style="list-style-type: none"> 1. Detention Superintendent/PREA Compliance Manager <p data-bbox="244 497 1409 560">The Detention Superintendent states resident victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services if a resident were victimized at the facility.</p> <p data-bbox="244 591 1469 716">(a) The Bruce Normile Juvenile Justice Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials used in such occurrences.</p> <p data-bbox="244 748 1489 909">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section a., states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights."</p> <p data-bbox="244 940 1485 1003">(b) If qualified medical or mental health staff are not on duty, staff would follow the coordinated response checklist directives, which includes instruction to contact mental health practitioners.</p> <p data-bbox="244 1034 1492 1196">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section a., states, "The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the Detention Superintendent."</p> <p data-bbox="244 1227 1479 1352">(c) The Bruce Normile Juvenile Justice Center PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy compliance can be found in provision (a) of this standard.</p> <p data-bbox="244 1384 1469 1447">(d) The Bruce Normile Juvenile Justice Center PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="244 1478 1489 1603">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section d., states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident."</p> <p data-bbox="244 1635 935 1662">Through such reviews, the facility meets this standards requirements.</p> |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
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Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, dated 4.1.2021

Interviews:

1. Random Residents
2. Random Staff
3. Specialized staff

Interviews with residents and staff demonstrated that residents are aware of access to emergency medical and mental health services. In the past of 12 months' residents have not reported sexual abuse.

Site Observation:

Throughout the facility Rainbow House brochures were observed.

(a) The Bruce Normile Juvenile Justice Center PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 3.a., states, "The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards

115.383 in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights"

(b) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 1.a., states, "If the screening completed in accordance with Policy and Procedures Section 6- Screening, Intake, and Admissions indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with Policy and Procedures Section 14 Health Care Services."

(d) The Bruce Normile Juvenile Justice Center PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests is applicable. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 2. a., states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including, pregnancy test, information about and access to emergency contraception, all information about lawful pregnancy related medical services, and sexually transmitted infection prophylaxis in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights. "

(e) The Bruce Normile Juvenile Justice Center PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services is applicable. Policy compliance can be found in provision (d) of this standard.

(f) They Bruce Normile Juvenile Justice Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Compliance is substantiated in provision (b) of this standard.

(g) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 2. d., states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(h) The Bruce Normile Juvenile Justice Center PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 3. a., states, "The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards

115.383 in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights."

Through such reviews, the facility meets this standards requirements.

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 PREA Policy – Investigations, dated 4.1.2021 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>An interview with the facility administration demonstrated sexual abuse incident reviews take place after each Administrative Investigation and again quarterly to assess outcomes of each investigation.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been zero criminal and zero administrative investigation of alleged sexual abuse completed at the facility.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 PREA Policy – Investigations, page 2, 1. c., states, “An Incident Review is completed by administration after a substantiated report of sexual abuse/harassment within 30 days of the completed investigation. The review is completed by the Detention Superintendent, Court Services Administrator, and Chief Juvenile Officer. The Incident Review Form will be completed following the review. The investigation will not be terminated solely because the source of the allegation recanted the allegation.”</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, there were zero criminal and one administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. Policy compliance can be found in provision (a) of this standard.</p> <p>(e) The Bruce Normile Juvenile Justice Center PAQ states the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 PREA Policy – Investigations, page 3, d., states, “The PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes.”</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.387 | Data collection |
| | <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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1433 434" style="list-style-type: none"> <li data-bbox="244 304 707 331">1. Bruce Normile Juvenile Justice Center PAQ <li data-bbox="244 336 1433 398">2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, dated 4.1.2021 <li data-bbox="244 403 1042 434">3. Missouri Department of Social Services Data Collection Instrument, not dated <p data-bbox="244 461 347 488">(a)/(c)-1,2</p> <p data-bbox="244 492 1484 622">The Bruce Normile Juvenile Justice Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="244 649 1409 748">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 1, section 1. A-B, state, “Data collection, review for corrective action, storage, publication, and destruction.</p> <p data-bbox="244 775 1449 837">A. Bruce Normile Juvenile Justice Center Secure Detention Unit shall collect and aggregate incident-based sexual abuse data at least annually.</p> <p data-bbox="244 842 1460 940">B. Bruce Normile Juvenile Justice Center Secure Detention Unit shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary.”</p> <p data-bbox="244 967 1484 1030">The facility provided a Missouri Department of Social Services Data Collection Instrument. This instrument requires “all state agencies to collect data for every allegation of sexual abuse at facilities under its direct control.</p> <p data-bbox="244 1057 1484 1120">(b) The Bruce Normile Juvenile Justice Center PAQ states the agency aggregates incident-based sexual abuse data at least annually.</p> <p data-bbox="244 1146 1465 1276">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section E, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall make all aggregated sexual abuse data, readily available to the public through the Second Circuit Juvenile Courts internet page at least annually.”</p> <p data-bbox="244 1303 1481 1402">(d) The Bruce Normile Juvenile Justice Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Policy compliance can be found in provision (b) of this standard.</p> <p data-bbox="244 1429 1449 1460">(e) The Bruce Normile Juvenile Justice Center PAQ states the agency does not contract for the confinement of residents.</p> <p data-bbox="244 1487 1484 1550">(f) The Bruce Normile Juvenile Justice Center PAQ states the Department of Justice has requested agency data for the year 2021.</p> <p data-bbox="244 1576 935 1608">Through such reviews, the facility meets this standards requirements.</p> |

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| 115.388 | Data review for corrective action |
| | <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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1249 398" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. OSCA – PREA Data for Calendar Year 2020 3. The Annual Report can be found at: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/ <p data-bbox="244 434 515 461">Interview/Site Observation:</p> <ol data-bbox="244 465 456 492" style="list-style-type: none"> 1. PREA Coordinator <p data-bbox="244 497 1489 560">An interview conducted with the PREA Coordinator and review of the 2020 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.</p> <p data-bbox="244 595 1473 685">(a) The Bruce Normile Juvenile Justice Center PAQ states the agency 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, and training, including:</p> <ul data-bbox="244 689 1441 819" style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p data-bbox="244 855 1449 909">The facility provided the OSCA – PREA Data for Calendar Year 2020 for the Missouri Secure Detention DYS Contractual Sites CY20. This data reports:</p> <ol data-bbox="244 913 1393 1043" style="list-style-type: none"> 1. The number OSCA PREA Data – aggregate data for all facilities 2. Facility individual information 3. Staff Incidents Section 4. Facility comparison data for years 2018, 2019, and 2020 (this grid is on a separate chart from the annual report.) <p data-bbox="244 1079 1497 1169">(b) The Bruce Normile Juvenile Justice Center PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="244 1205 1473 1258">The facility provided an annual report titled: OSCA – PREA Data for Calendar Year 2020. This report includes the following information:</p> <p data-bbox="244 1294 1489 1384">(c) The Bruce Normile Juvenile Justice Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. The Annual Report can be found at: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/</p> <p data-bbox="244 1420 1473 1509">(d) The Bruce Normile Juvenile Justice Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p data-bbox="244 1545 935 1572">Through such reviews, the facility meets this standards requirements.</p> |

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| 115.389 | Data storage, publication, and destruction |
| | <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="244 273 435 300">Document Review:</p> <ol data-bbox="244 304 1433 398" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, dated 4.1.2021 <p data-bbox="244 434 352 461">Interviews:</p> <ol data-bbox="244 465 456 492" style="list-style-type: none"> 1. PREA Coordinator <p data-bbox="244 497 1452 560">Through interviews with the PREA Coordinator he demonstrated the data is secured on the Agency's secure intranet with limited access to Department Supervisory staff. Aggregate, redacted data is available on the agency website.</p> <p data-bbox="244 591 1465 654">(a) The Bruce Normile Juvenile Justice Center PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="244 680 1465 775">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section D. states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that data collected are securely retained."</p> <p data-bbox="244 801 1465 896">(b) The Bruce Normile Juvenile Justice Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p data-bbox="244 927 1465 1057">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section E. states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall make all aggregated sexual abuse data, readily available to the public through the Second Circuit Juvenile Courts internet page at least annually."</p> <p data-bbox="244 1084 1465 1178">(c) The Bruce Normile Juvenile Justice Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.</p> <p data-bbox="244 1209 1465 1303">Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section E. states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall maintain sexual abuse data for at least 10 years after the date of its initial collection."</p> <p data-bbox="244 1335 935 1361">Through such reviews, the facility meets this standards requirements.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the third audit cycle for Bruce Normile Juvenile Justice Center and the third year of the third audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>(b) The agency has posted the current 2019, 2020 and 2021 PREA audit report, on their website.</p> <p>Through such reviews, the facility meets this standards requirements.</p> |

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

| 115.313 (a) | Supervision and monitoring | |
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| | 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? | no |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | no |

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| 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 |

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| 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 | |
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| | 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 |

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| 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 |

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| 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 |

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| 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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 |

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| 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 |

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| 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 |

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| 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. | yes |
| 115.352 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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? | no |
| 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 |

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| 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? | no |
| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | na |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | na |

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| 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? | no |
| 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? | no |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | no |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | no |
| 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? | no |
| 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? | no |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | no |
| 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? | no |
| 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? | no |
| 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? | no |

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| 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? | no |
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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