

PREA Facility Audit Report: Final

Name of Facility: Jackson County Family Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/09/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 07/09/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	lateradavis@djj.state.ga.us
Start Date of On-Site Audit:	03/07/2022
End Date of On-Site Audit:	03/08/2022

FACILITY INFORMATION	
Facility name:	Jackson County Family Justice Center
Facility physical address:	625 East 26th Street, Kansas City, Missouri - 64108
Facility mailing address:	

Primary Contact	
Name:	Jason Hurla
Email Address:	jason.hurla@courts.mo.gov
Telephone Number:	816-425-4700

Superintendent/Director/Administrator	
Name:	Stephanie Magee
Email Address:	stephanie.magee@courts.mo.gov
Telephone Number:	816-435-4700

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

Facility Health Service Administrator On-Site	
Name:	Kimberly Wilson
Email Address:	kimberly.wilson@courts.mo.gov
Telephone Number:	816-435-4700

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	22
Average daily population for the past 12 months:	20
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:	12-18
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	21
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	16th Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	2601 Cherry Street, Kansas City, Missouri - 64108
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Tyra Sanders
Email Address:	tyra.sanders@courts.mo.gov
Telephone Number:	816-435-4700

Agency-Wide PREA Coordinator Information			
Name:	Jason Hurla	Email Address:	Jason.Hurla@courts.mo.gov

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-07
2. End date of the onsite portion of the audit:	2022-03-08

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	19
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
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:	4
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 above numbers were provided to the auditor during the entrance meeting.
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:	19
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:	2
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:	6
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were only 4 females at the facility, therefore all were interviewed. The male residents were randomly selected.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</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>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</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>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</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>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</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>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified.</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>4</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>Upon file review, documentation provided by the facility and the interviews; there were zero residents identified. During the site review the auditor did not observe any residents in segregated housing.</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>	

71. Enter the total number of RANDOM STAFF who were interviewed:	9
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All direct care staff onsite during the onsite audit period were interviewed. This covered all shifts.
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):	21
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

<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

Documentation Sampling

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

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

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	2	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	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	2	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	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	1
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:	2
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:	1
----------------------------------------------------------------------------------------------------	---

101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were 4 allegations reported. Three were identified during the grievance file review. The 3 (1SA, 2SH) were not investigated. One SA was investigated during the post onsite audit phase. The site referred one of the cases to outside investigator (CPS) for SH and CPS ruled out that the case would not be investigated.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were 4 allegations reported. Three were identified during the grievance file review. The 3 (1SA, 2SH) were not investigated. One SA was investigated during the post onsite audit phase. The site referred one of the cases to outside investigator (CPS) for SH and CPS ruled out that the case would not be investigated.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<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>
Identify the name of the third-party auditing entity	Correctional Management & Communications Group, LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• Exceeds Standard (Substantially exceeds requirement of standard)• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)• Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services</p> <p>Policy: Sexual Abuse and Assault</p> <p>Organizational Chart</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.311 (a). As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. Policy 150-04- Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services, states that the policy establishes "procedures that ensure the Family Court Division's zero tolerance toward all forms of sexual abuse and sexual harassment of juveniles or persons within the Court's Residential Facilities or for juveniles or persons under supervision including probation and aftercare or for juveniles who otherwise are provided case management or other services by Family Court employees" (p.1).</p> <p>Policy Sexual Abuse and Assault, further reiterates "the protocol that of the Detention Center to ensure that sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions" (p. 1).</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.311 (b). The facility employs an upper level, agency wide PREA coordinator, The facility organizational chart provides information on the PREA Coordinator.</p> <p>Documentation Reviewed</p> <p>Agency Organization Chart</p> <p>Interviews</p> <p>PREA Coordinator- The interviewed PREA coordinator reported that they have adequate time to manage all PREA related duties. Due to the size of the facility, there are no PREA compliance managers. If there are any issues with complying with a PREA standard, we would review policy and retrain to monitor for the effectiveness of documents as needed.</p> <p>It should be noted that the agency is in the process of training a new person to serve as the agency PREA coordinator. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.311 (c). According to the PAQ, the facility does not have a designated PREA compliance manager. The facility provided an organizational chart outlining the setup of the organization.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Contracts</p> <p>Interviews:</p> <p>Agency Contract Administrator</p> <p>Findings (By Provision):</p> <p>115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit.</p> <p>115.312 (b). N/A the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit.</p> <p>Interviews</p> <p>The interviewed contract administrator reported that they do not have any contracts for the confinement services of residents.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.):</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Detention Post Order - Shift Leader Responsibilities</p> <p>Email Correspondence of Annual Review</p> <p>Camera Placement</p> <p>Monthly Schedule (18 months)</p> <p>Shift Log</p> <p>Unannounced Rounds-pending</p> <p>Unannounced Rounds Memo</p> <p>Staffing Plan (2022)</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Intermediate or higher-level staff</p> <p>Findings (By Provision):</p> <p>115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 20. Additionally, the average daily number of residents in which the staffing plan was predicted is 32.</p> <p>The auditor reviewed 18 months of monthly schedules to compare to the amount of youth placed in the facility. However the facility did not provide an annual staffing plan. The facility will enter into corrective action to ensure an annual staffing plan is developed.</p> <p>Documentation Reviewed</p> <p>Monthly Schedule (18 months)</p> <p>Camera Placement</p> <p>Staffing Plan (2022)</p> <p>Interviews</p> <p>Superintendent - The interviewed Superintendent reported that the facility has a regular staffing plan. We ensure that the ratio is met in numbers and in gender. Female residents always have female staff to supervisor movement and daily activity. Video monitoring is a party of the plan and is an extra level to watch daily activity of youth and staff. The staff plans are on shift logs, master schedule and accountability log. The staffing plans work in conduction with staffing levels and monitoring system to provide a safe environment for residents and staff. When asked does the staffing levels consider the below, it was reported:</p> <p>a. Generally accepted detention and correctional practices-NA</p> <p>b. Any judicial findings of inadequacy-NA</p>

- c. Any findings of inadequacy from federal investigative agencies-NA
- d. Any findings of inadequacy from internal or external oversight bodies-staff are positioned to cover blind spots in movement to ensure residents and staff cannot be isolated.
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated)
- f. The compositions of the resident population-The number of residents dictates the amount of staff needed to maintain ratio.
- g. The number and placement of supervisory staff-Supervisor staff are not in the staffing plan. They are extra staff to provide more coverage.
- h. Institution programs occurring on a particular shift-The same staffing patterns remain in programs. The ratio is kept to maintain compliance.
- i. Any applicable state or local laws, regulations, or standards-Missouri State statutes require the detention facility to be 1:8 ratio.
- j. The prevalence of substantiated and unsubstantiated incident of sexual abuse; and -staffing plan would not change and does not have a prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- k. Any other relevant factors-NA

It was further reported that they check for compliance with staffing plan by reviewing weekly with the compliance officer and manager.

Corrective Action: The facility needs an annual staffing plan. The below is the guidance from the PREA Resource Center on Staffing Plans:

- The staffing plan must provide for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility must consider the 11 factors detailed in the standard. The staffing plan was completed, there is no further action needed. The facility is in compliance with the provision.

115.313 (b). According to the PAQ the facility has not deviated from the staffing plan. The facility operates a staffing plan that meets the PREA ratio standards. The current staffing ratios for the facility is 1:6 through the waking hours and 1:8 during sleeping hours. No matter what the population is there are always at least two staff with each assigned group.

Interviews

Superintendent – The interviewed superintendent reported that the circumstances that the facility has been unable to meet the requirement of the staffing plan if there are no female staff. The manager came in to be the female on duty to maintain gender ratio. The facility has maintained compliance.

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

115.313 (c). According to the PAQ, the facility met staffing ratios by maintaining the staffing ratios of minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours. As reported, the facility has not deviated from the staff ratios of 1:8 during waking hours and 1:16 during resident sleeping hours. The current 1:6 and 1:8 ratios exceed the staffing requirements.

Onsite Inspection: During the onsite inspection the auditor observed that staff were not always in direct supervision of the residents. On two occasions the auditor observed residents in classrooms without direct staff supervision. When assessing the intake area, the auditor asked if the intake area has constant supervision when residents are on site, it was reported that the facility will conduct 15-minute rounds. The auditor notified the leadership staff that residents must have direct supervision at all times, and that round.

Interviews

Superintendent – The interviewed superintendent reported that the ratio is 1:8. The facility maintains appropriate staffing ratios by reviewing the schedule to ensure the 1:8 and gender ratio is scheduled.

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

115.313 (d). According to the Facility Staffing Plan (dated 4/28/21), there have been no known changes to the staffing

numbers within the last 12 months. As reported in the PAQ, at least once a year the facility, in collaboration with the agency's PREA coordinator; reviews the staffing plan to see whether adjustments are needed to:

- The staffing plan;
- Prevailing staffing patterns
- The deployment of monitoring technology; or
- The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Documentation Reviewed

Annual Review

Email Correspondence of Review

Interviews

PREA Coordinator -The interviewed PREA Coordinator reported that they review everything weekly. After review we will make adjustments as necessary. I would make adjustments of the physical schedule if necessary.

Corrective Action: The facility needs an annual staffing plan. The below is the guidance from the PREA Resource Center on Staffing Plans:

- The staffing plan must provide for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility must consider the 11 factors detailed in the standard. The staffing plan was completed, there is no further action needed. The facility is in compliance with the provision.

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

115.313 (e). As reported in the PAQ, the facility has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It was further reported that the unannounced rounds covered all shifts.

Policy Detention Post Order-Shift Leaders Responsibilities states that "shift Leaders shall make unannounced dorm area rounds at least every other hour (four times per shift) while the youth are in sleeping quarters or in the dorm area to complete hygiene tasks" (p. 5). The policy further states that:

All rounds shall be documented in the shift leader log. During the midnight shift when two supervisors are on duty, one supervisor shall post in the sub-control room in the dorm area (p. 5).

During the onsite portion of the audit, it was determined that unannounced rounds were not being completed and documented in accordance to the PREA standards. During the post onsite audit phase, the facility superintendent provided an interoffice memorandum that was given to staff that stated "the detention facility has made changes to the supervisor log and shift leader post order protocol to address unannounced rounds. As a result of the unannounced rounds not being completed or documented in accordance to the provision, the facility entered into a corrective action for a period of 60 days to show compliance with the updated practices of the facility.

Documentation Reviewed

Unannounced Rounds

Unannounced Rounds Memo

Interviews

Intermediate or Higher-Level Staff-The interviewed Superintendent reported that they conduct unannounced rounds. The rounds are conducted daily along with the supervisors on duty. All of the rounds are documented on the front page of the supervisor log. The front page also has staffing patterns along with the current facility population. Supervisors never announce their rounds and there is not set pattern of the rounds, so staff or residents will not know when or where the supervisor is or where they are coming from. This prevents any staff announcements.

Corrective Action: The facility shall provide 60 days of implementation of the unannounced rounds for a 60-day period that covers all shifts. The facility provided 89 unannounced rounds that were conducted since the onsite audit. The rounds covered all shifts. There is no further action required.

Corrective Action and Conclusion

115.313 (a). The facility needs an annual staffing plan. The below is the guidance from the PREA Resource Center on Staffing Plans: The staffing plan must provide for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility must consider the 11 factors detailed in the standard. The staffing plan was completed, there is no further action needed. The facility is in compliance with the provision.

115.313 (c). During the onsite inspection it was determined that the facility did not maintain the requirements of have the ratio of staff to residents in every area throughout the facility. While the facility had the required number of staff onsite, the staff were not always in direct line of supervision of the residents. The facility will enter a corrective action by developing a plan of action and provide documentation demonstrating compliance with the direct line of site staffing ratios for 60 days. Demonstration of documentation should show placement of resident to staff throughout the day. For example, when count is called, the documentation of resident to staff placement. Demonstration of documentation should show placement of resident to staff throughout the day. For example, when count is called, the documentation of resident to staff placement, along with the daily staff schedule.

114.313 (e). As a result of the unannounced rounds not being completed or documented in accordance to the provision, the facility entered into a corrective action for a period of 60 days to show compliance with the updated practices of the facility. During the post audit phase, a memo was provided indicating that the detention facility has made changes to the supervisor log and shift leader post order protocol to address unannounced walk throughs.

Corrective Action: The facility shall provide 60 days of implementation of the unannounced rounds for a 60-day period that covers all shifts. The facility provided 89 unannounced rounds that were conducted since the onsite audit. The rounds covered all shifts. There is no further action required.

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 329 359 358">Documents</p> <p data-bbox="244 387 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 445 622 474">Policy: Youth - Admission Procedures</p> <p data-bbox="244 504 464 533">Policy: Youth Hygiene</p> <p data-bbox="244 562 632 591">Policy: 445-05-DT-Transgender Youth</p> <p data-bbox="244 620 1305 649">Cross Gender Training Video (Guidance on Cross Gender and Transgender Pat Searches SD – YouTube)</p> <p data-bbox="244 678 410 707">Memo (115.315)</p> <p data-bbox="244 736 416 766">Training Log (12)</p> <p data-bbox="244 795 352 824">Interviews:</p> <p data-bbox="244 853 509 882">Random sample of staff -9</p> <p data-bbox="244 911 576 940">Random sample of residents - 10</p> <p data-bbox="244 969 483 999">Findings (By Provision):</p> <p data-bbox="244 1028 1477 1146">115.315 (a). As reported in the PAQ, the facility conducts cross-gender strip or cross gender visual body cavity searches of residents. In the past 12 months there have been zero reported cross-gender strip or cross gender visual body cavity searches of residents. Policy DT - Youth - Admission Procedures, provides guidance on how and when a cross gender pat search can be conducted (pp. 2-5).</p> <p data-bbox="244 1176 1485 1305">115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. It was also reported that there were zero pat-down searches of female residents that were conducted by male staff; and zero pat down searches of male residents conducted by female staff that did not involve exigent circumstances.</p> <p data-bbox="244 1335 782 1364">Policy DT - Youth - Admission Procedures states that:</p> <p data-bbox="244 1393 1490 1520">Cross gender pat searches may only be conducted in emergency conditions. Emergency conditions are defined as; if the cross-gender pat down search is not conducted then the safety of the staff and residents and the security of the facility will be compromised (e.g., imminent risk of injury or escape). Otherwise, wait until the appropriate same gender staff is available to complete the pat search.</p> <p data-bbox="244 1550 1430 1646">If it is not possible to free up the same gender staff member to conduct the search, keep the resident segregated from general population and under direct visual observation. The youth will remain in the intake area under direct visual observation of a staff member. The youth may not be placed into a secure room until a pat search has been completed.</p> <p data-bbox="244 1675 1481 1771">If a cross gender search must be conducted due to imminent risk of injury or security breach the Shift Leader must authorize the cross-gender search prior to the search being conducted. An incident report shall be written outlining the reasons for the search. The report must be emailed to facility management before the Shift Leader leaves campus (p. 2).</p> <p data-bbox="244 1800 347 1830">Interviews</p> <p data-bbox="244 1859 1468 1955">Random Sample of Staff- All of the interviewed staff reported that they are not allowed to conduct cross gender searches. When probed, the staff reported that it would have to be an exigent or emergency circumstance, such as an evacuation, no same sex staff available, or an immediate safety threat.</p> <p data-bbox="244 1984 1461 2045">Random Sample of Residents- The interviewed residents reported that they are never pat downed searched by staff of the opposite gender.</p> <p data-bbox="244 2074 1471 2134">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.315 (c). The facility indicated in their response to the PAQ that Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Policy DT - Youth - Admission Procedures states that "if a cross gender search must be conducted due to imminent risk of injury or security breach the Shift Leader must authorize the cross gender search prior to the search being conducted. An incident report shall be written outlining the reasons for the search. The report must be emailed to facility management before the Shift Leader leaves campus" (p. 2).

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

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

DT - Youth Hygiene states that "as a matter of course all residents have the right to shower, use the bathroom and change clothing in reasonable privacy without an opposite gender staff member viewing the activity directly" (p. 2). The policy further states that "the announcement that an opposite gender staff member has entered a team area must be loud enough so that any youth outside of their room for the purposes of personal hygiene should be able to hear the announcement" (p. 2).

Documentation Reviewed

Memo (115.315)

Interviews

Random Sample of Staff- All but one of the interviewed staff reported that they will make an announcement when entering the opposite gender housing area. When probed the staff reported that they will say good morning loud to let them know they are present or say man on floor. All of the staff reported that residents are able to dress, shower, and use the toilet without being viewed by the opposite gender staff. The staff further reported that there are no male staff on the unit when the female residents are showering.

Random Sample of Residents-A majority of the interviewed residents reported that they staff of the opposite gender do not announce their presence when entering the housing area. All of the residents reported that they are never naked and in full view of opposite gender staff. However, two residents reported that sometimes they can see other residents when they are showering.

Corrective Action: The facility provides a plan of action to retrain or notify staff of their requirements to make opposite gender announcements. A memo was sent to the staff dated June 7, 2022, stating that "the detention facility creates provisions for residents to shower, perform bodily functions, and change clothing without non-medical staff or the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental or routine cell checks. Staff will announce their presence during showers and entering the team area during resident showers and time in his or her assigned room".

115.315 (e.) Per the PAQ, no searches or physical examination of a transgender or intersex resident for the sole purposes of determining the resident's genital status occurred at the facility in the past 12 months. Policy Transgender Youth states that "intake staff shall not search or physically examine a trans gender resident for the sole purpose of determining genital status. Routine strip search protocol shall be followed when admitting a youth to detention" (p. 2).

Interviews

Random Sample of Staff- All but two of the interviewed staff reported that they are prohibited from physically examining a transgender resident to determine their genital status. One staff was unsure, and one staff said they would "how else would they know".

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

115.315 (f). As reported in the PAQ, the facility trained one hundred percent of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs as such searches are prohibited. The auditor reviewed documentation of training that occurred in December 2021 along with a training log for 2020 and 2021.

Documentation Reviewed

Training Log (12)

Interviews

Random Sample of Staff-All of the interviewed staff reported that they were trained on how to conduct a cross gender pat down search. Several of the staff could not recall if the training addressed searching transgender residents. The staff who could recall reported that they would ask the transgender resident who they preferred to have search them. The staff further reported that they are not allowed to search residents of the opposite gender.

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

Corrective Action and Conclusion

115.315 (d). The facility provides a plan of action to retrain or notify staff of their requirements to make opposite gender announcements.

A memo was sent to the staff dated June 7, 2022, stating that "the detention facility creates provisions for residents to shower, perform bodily functions, and change clothing without non-medical staff or the opposite gender viewing their breasts, buttocks, or genitals, except in exigent circumstances or when such viewing is incidental or routine cell checks. Staff will announce their presence during showers and entering the team are during resident showers and time in his or her assigned room".

115.316	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 986 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 333 363 362">Documents:</p> <p data-bbox="244 389 552 418">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 445 632 474">Policy: No. 230-04-Interpreter Services</p> <p data-bbox="244 501 580 530">Policy: Sexual Abuse and Assault</p> <p data-bbox="244 557 624 586">Resident Handbook (English/Spanish)</p> <p data-bbox="244 613 678 642">Resident Handbook Acknowledgement (32)</p> <p data-bbox="244 669 683 698">Email Correspondence: Interpreter Services</p> <p data-bbox="244 725 352 754">Interviews:</p> <p data-bbox="244 781 507 810">Random sample of staff -9</p> <p data-bbox="244 837 483 866">Findings (By Provision):</p> <p data-bbox="244 900 1485 1131">115.316 (a). As reported in the PAQ, the facility, has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy Sexual Abuse and Assault states that "youth that present with physical limitations (e.g. , hearing impaired; low vision); intellectual deficits or have limited English proficiency that may have difficulty in processing how to respond to or report sexual abuse or assault; the detention counselor, in consultation with the youth's case manager or deputy juvenile officer will make arrangements to have any special services available for the youth such that they youth is capable of understanding the center's efforts to protect them from abuse events" (p. 3).</p> <p data-bbox="244 1158 1433 1223">Policy No. 230-04-Interpreter Services provides guidance on how the facility will request interpreter services. The policy further provides a form "Request for Interpreter Services" to request interpreter services.</p> <p data-bbox="244 1249 1465 1346">The facility does not have a formal contract for interpreter services. However, through email correspondence it was determined that there is an agreement between Family Court and Interpreters Inc., to provider interpreter services. This service is provided to the LEP clients of the Family Court. Interpreter's Inc. is the Family Court's primary interpreter vendor.</p> <p data-bbox="244 1373 1035 1402">The auditor reviewed the agency website which provided the below information:</p> <p data-bbox="244 1429 568 1458">ADA Auxiliary Aids and Services</p> <p data-bbox="244 1462 1476 1559">The Jackson County Circuit Court for Jackson County, Missouri will furnish reasonable auxiliary aids and services where necessary to afford an individual with a disability an equal opportunity to participate in or benefit from services, programs, or activities conducted by the Court. These "auxiliary aids and services" may include:</p> <ul data-bbox="244 1585 1445 2078" style="list-style-type: none"> · Braille forms · Large Print · Readers · Qualified interpreters for persons who are deaf · Note takers · Transcription services · Written materials · Assistive Listening Devices · Other effective methods of making written or orally delivered materials available to individuals who are blind or deaf. <p data-bbox="244 2105 1485 2134">When an auxiliary aid or service is required for effective communication, the court will provide an opportunity for an individual</p>

with a disability to request the reasonable auxiliary aid or service of his or her choice and will give primary consideration to the choice expressed by the individual. A reasonable effort will be made to accommodate the request.

Requesting Auxiliary Aids or Services

Advance notice to the Court of the request for auxiliary aids or services is strongly encouraged. The Court should be notified at least 5 days in advance for court sessions or hearings. For emergencies or urgent requests, the court should be notified immediately. The best effort to fulfill the request will be made.

All requests for auxiliary aids or services should be directed to the ADA Coordinator:

For all court areas except Family Court:

For Family Court Services Division:

Nick Purifoy

Assistant Legal Counsel

Jackson County Courthouse

415 East 12th Street - Room 303

Kansas City, Missouri 64106-2706

Phone: (816) 881-3652

Fax: (816) 881-3164

Ralph Zanders

Director, Support Services

Family Court Services

625 E. 26th Street

Kansas City, Missouri 64108

Phone: (816) 435-4856

Fax: (816) 435-4793

Documentation Reviewed

Email Correspondence: Interpreter Services

Resident Handbook (English/Spanish)

Staff Training

Resident Handbook Acknowledgement (32)

Website

Interviews

Agency Head – The interviewed agency head reported that the agency has interpreter services to assist with any resident who do not speak English. The residents would have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent sexual abuse and harassment. Residents with disabilities are given the opportunity to have information read or explained further to assist with providing a better explanation of their rights.

Corrective Action: During the post audit phase the facility provided the resident handbook in Spanish. No further action needed.

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

115.316 (b). As reported in the PAQ, the facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy Sexual Abuse and Assault states that "youth that present with physical limitations (e.g. , hearing impaired; low vision); intellectual deficits or have limited English proficiency that may have difficulty in processing how to respond to or report sexual abuse or assault; the detention counselor, in consultation with the youth's case manager or deputy juvenile officer will make arrangements to have any special services available for the youth such that they youth is capable of understanding the center's efforts to protect them from abuse events" (p. 3).

Investigative Employee Complaints & Misconduct

Documentation Reviewed

Email Correspondence: Interpreter Services

Staff Training

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

115.316 (c). As reported in the PAQ, the facility prohibits the use of resident interpreters, readers, or other types of resident assistance and there were zero instances where resident interpreters, readers, or other types of resident assistants have been used. Policy Sexual Abuse and Assault states that "under no circumstances should another resident be used as an interpreter of this protocol for a resident that has the problems described above. If at any time the resident's safety is in jeopardy, the resident should be placed in protective custody until such time the proper resources can be brought to bear (pp. 3-4).

Interviews

Random Sample of Staff- The interviewed random sample of staff reported that they would never allow residents to serve as interpreters for each other to report sexual abuse or sexual harassment. The staff reported that they have never seen that happen and a majority of the staff stated that they would seek an interpreter to assist.

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

Conclusion and Corrective Action:

~~115.316 (a). During the post audit phase, the facility provided the resident handbook in Spanish. No further action needed.~~

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-audit Questionnaire (PAQ)</p> <p>Policy: Operation Rule No. 420-14 Selection, Retention, and Promotion-Applicants with Criminal Histories</p> <p>Policy: 150-04- Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services</p> <p>Policy: No. 120-17-Implementing Employee Discipline at Family Court</p> <p>Circuit Court of Jackson County Missouri Court Rules</p> <p>Personnel Files: Background Checks (48 staff and 2 contractors)</p> <p>5 year background check (51)</p> <p>Memo: Updates to HR Procedures for PREA Compliance (dated 6/6/2022)</p> <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.317 (a). As reported in the PAQ, the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. <p>Operation Rule No. 420-14 Selection, Retention, and Promotion-Applicants with Criminal Histories provides guidance on various charges that with exclude applicants from hire. The Operation Rule includes any sexual offenses involving any sexual abuse of any kind. The policy further states that "pursuant to the Prison Rape Elimination Act (PREA), Family Court will not hire a person who's criminal and child abuse/neglect background checks reveal that a person has been held legally responsible (criminally, civilly, or administratively, or any sexual offense" (p. 2).</p> <p>Documentation Reviewed</p> <p>Personnel Files (Background Checks)- 48 staff</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.317 (b). As reported in the PAQ, the facility, has a policy that requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents. Operation Rule No. 420-14 Selection, Retention, and Promotion-Applicants with Criminal Histories provides guidance on various charges that with exclude applicants from hire. The Operation Rule includes any sexual offenses involving any sexual abuse of any kind. The policy further states that "pursuant to the Prison Rape Elimination Act (PREA), Family Court will not hire a person who's criminal and child abuse/neglect background checks reveal that a person has been held legally responsible (criminally, civilly, or administratively, or any sexual offense" (p. 2).</p> <p>Documentation Reviewed</p> <p>Pre-Employment Documentation</p>

Personnel Files (Background Checks)- 2 contracted staff

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility consider prior 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. It was further reported that they will contact the last two employers for reference checks.

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

Policy 150-04- Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services Policy 150-04- Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services and the Selection, Retention and Promotion policy provides guidance on the agency responsibility to conduct background checks.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks. 29.

Documentation Reviewed

Personnel Files (Background Checks)- 48 staff

Memo: Updates to HR Procedures for PREA Compliance (dated 6/6/2022)

Interviews

Administrative (Human Resources)- The interviewed human resources staff reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. She was not sure if it is done on contracted staff or if before hiring new employees or contractors, they check the child abuse registry.

Corrective Action: Need proof of documentation that reference checks were conducted on staff hired in the last 12 months. In addition, the facility shall verify if the child abuse registry is checked when conducting background checks.

A memo was provided to the auditor from the county human resources indicating the below:

Pursuant to our conversation on how to handle compliance on renewing background checks on employees every two years and inquiring about any past allegations of sexual abuse or misconduct. The facility provided a list of new hire staff and the dates of staff employment check.

Background checks:

The issue was that Human Resources is unable to run a REJIS/Mules background check without a signed authorization from the employee. It was agreed that during the annual Employee Performance Plan and Review (EPPR), that your department would have each employee that was up for renewal, sign a copy of the agreement. Once the signed agreement is received in Human Resources a background check would be completed.

This procedure change should satisfy the requirement set forth in Policy 150-04 – Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Person who are Clients of the Family Division Programs and Services.

Sexual abuse/misconduct:

Human Resources agrees that during our employment background verification on employees selected for hire, we will ask past and present employers.” Was there any allegations of any sexual abuse or misconduct reported?”

This procedure change should satisfy the requirement set forth in Policy 150-04 – Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Person who are Clients of the Family Division Programs and Services as well as the Operational Rule No. 420-14 Selection, Retention and Promotion – Applicants with Criminal Histories. No further action is needed.

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

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

Policy Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs, states that "contractors who may have contact with residents shall be subjected to a background check" (p. 3).

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 3.

Documentation Reviewed

Contractor Personnel Files (Background Checks)-2

Interviews

Administrative (Human Resources)— The interviewed human resources staff reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. She was not sure if it is done on contracted staff or if before hiring new employees or contractors, they check the child abuse registry.

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

115.317 (e). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees. According to the Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs, policy background checks are conducted every 2 years (p. 3).

Documentation Reviewed

Personnel Files (Background Checks)

5 year background Checks (51)

Interviews

Administrative (Human Resources)-The interviewed human resources staff reported that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents is the Regis System. It was further reported that background checks are conducted at least every five years. However, the human resources staff was not exactly sure how the background check process was conducted.

Corrective Action: Need documentation showing where the 5-year background checks are conducted. A spreadsheet indicating the names, individuals, and date of the two-year background checks was provided. No further action is needed.

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

115. 317 (f). The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Documentation Reviewed

Personnel Files (Background Checks)

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that the facility ask all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self--evaluations conducted as part of reviews of current employees. The interviewed human resources staff reported that there is a form that is sent to individuals letting them know if there are any concerns with their background. The staff was not sure if there was a continued affirmative duty to disclose any such misconduct.

Corrective Action: Need proof of documentation where in the pre-employment phase staff and contractors are asked:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. The facility provided documentation of the new process. No further action is needed.

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

115.317 (g). According the to the PAQ, the agency's policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination. The Circuit Court of Jackson County Missouri Court Rules states that "falsifying or intentionally destroying, altering or omitting pertinent facts and data from records, reports, affidavits, subpoenas or employment applications (p. 2).

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

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

Interviews

Administrative (Human Resources) – The interviewed human resources staff reported that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

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

Corrective Action and Conclusion

115.317 (c). Need proof of documentation that reference checks were conducted on staff hired in the last 12 months. In addition, the facility shall verify if the child abuse registry is checked when conducting background checks. A memo was provided to the auditor dated 6/6/2022 indicating that HR has updated its procedures to ensure the above mentioned PREA standards are met. The facility provided a list of new hire staff and the dates of staff employment check. No further action is needed.

115.317 (e). Need documentation showing where the 5-year background checks are conducted. A spreadsheet indicating the names, individuals, and date of the two-year background checks was provided. No further action is needed.

115.317 (f). Need proof of documentation where in the pre-employment phase staff and contractors are asked:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. The County Court Human Resources Department provided a memo indicating the changes to the hiring process implemented effective June 2022 which includes the affirmative duty to respond.

115.318	Upgrades to facilities and technologies
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 333 365 362">Documents:</p> <p data-bbox="244 389 553 418">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 352 477">Interviews:</p> <p data-bbox="244 504 376 533">Agency head</p> <p data-bbox="244 560 399 589">Superintendent</p> <p data-bbox="244 616 483 645">Findings (By Provision):</p> <p data-bbox="244 672 1461 801">115.318 (a). N/A-The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit. When conducting the tour of the facility; the auditor observed that the facility is older and does not appear to have had any modifications or expansions.</p> <p data-bbox="244 828 347 857">Interviews</p> <p data-bbox="244 884 1477 949">Agency Head – The interviewed agency head reported that the dorm is designed in sections. One dorm for females and two classification dorms for males; staffing patterns for team areas consistent of same sex gender.</p> <p data-bbox="244 976 1452 1075">Superintendent or Designee – The interviewed superintendent reported that new correctional doors were installed. This installation provided more protection to prevent tampering, entering and exiting doors. Cameras were upgraded to motion and better resolution.</p> <p data-bbox="244 1102 1409 1167">115.318 (b). N/A-The facility reported in the PAQ that they have not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.</p> <p data-bbox="244 1193 347 1223">Interviews</p> <p data-bbox="244 1249 1366 1279">Agency Head – The interviewed agency head reported that cameras are placed strategically to monitor all areas.</p> <p data-bbox="244 1305 1485 1404">Superintendent or Designee – The interviewed superintendent reported that when updating monitoring technology the facility considered using the technology to enhance residents' protection from sexual abuse by having the ability to watch the camera areas for possible inappropriate behaviors.</p> <p data-bbox="244 1431 584 1460">Conclusion and Corrective Action:</p> <p data-bbox="244 1487 1420 1552">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 363 358">Documents:</p> <p data-bbox="244 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 724 474">Jackson County Child Advocacy SAFE Services</p> <p data-bbox="244 506 509 533">Victim Assistance Training</p> <p data-bbox="244 564 694 591">Memo (DYS External Investigative Agencies)</p> <p data-bbox="244 622 542 649">Counseling Contract Services</p> <p data-bbox="244 680 574 707">Investigation Training Curriculum</p> <p data-bbox="244 739 611 766">Policy: Abuse and Neglect Reporting</p> <p data-bbox="244 797 587 824">Policy: Sexual Abuse and Assault</p> <p data-bbox="244 855 587 882">Policy: Crime Scene Preservation</p> <p data-bbox="244 913 614 940">Specialized Training for Investigators</p> <p data-bbox="244 972 352 999">Interviews:</p> <p data-bbox="244 1030 515 1057">Random sample of staff - 9</p> <p data-bbox="244 1088 483 1115">Findings (By Provision):</p> <p data-bbox="244 1146 1476 1205">115.321 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is responsible for conducting administrative investigations but is not responsible for conducting criminal sexual abuse investigations.</p> <p data-bbox="244 1236 1476 1393">A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".</p> <p data-bbox="244 1424 1449 1482">The PAQ and the above referenced memo provided conflicting information on who conducts the investigations. However, after further review it was determined that the facility is involved in various process of the investigation process.</p> <p data-bbox="244 1514 347 1541">Interviews</p> <p data-bbox="244 1572 1493 1765">Random Sample of staff: When the interviewed staff were asked the agencies protocol for obtaining usable physical evidence if a resident alleges sexual abuse, none of the night staff could articulate the agencies protocol. The other shifts had various answers such as collect items and bag them; ensure that the residents don't eat, shower or use the bathroom, call the police or remove the person from the area. When the staff were asked who is responsible for conducting the sexual abuse and sexual harassment allegations the answered varied from not sure, supervisor, PREA people, counselor, and senior leadership.</p> <p data-bbox="244 1796 1468 1953">Corrective Action: It is recommended that the facility designates a sexual abuse investigator that completes the specialized investigative training for sexual abuse. It is also recommended that the facility investigator reviews the best practice guides for sexual assault kits in 2017. It is recommended that the facility conduct additional training with the staff; and provide additional information to the evening shift to reaffirm the agencies protocol on usable physical evidence. The facility designated an investigator, and the investigator completed the required specialized training. No further action is needed.</p> <p data-bbox="244 1984 1147 2011">115.321(b). As reported by the PAQ The protocol is developmentally appropriate for youth.</p> <p data-bbox="244 2042 1193 2069">The auditor reviewed Policy 450-DT-Crime Scene Preservation which describes the process of:</p> <ol data-bbox="244 2101 967 2128" style="list-style-type: none"> 1. Removal of evidence if the evidence presents an imminent danger

2. Movement of the evidence is necessary to preserve it
3. Removal is necessary to provide emergency response to persons on the scene.

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

Documentation Reviewed

Uniform Evidence Protocol

Interviews

Agency Head – The interviewed agency head reported that cameras are placed strategically place to monitor all areas.

Superintendent or Designee – The interviewed superintendent reported that when updating monitoring technology, the facility considered using the technology to enhance residents' protection from sexual abuse by having the ability to watch the camera areas for possible inappropriate behaviors.

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

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

The Sexual Abuse and Assault policy states that "all medical treatment services shall be provided to the victim without financial cost regardless of the level of cooperation with any investigation" (p. 8).

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

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member. The facility utilizes community-based advocacy services through a variety of services (Family Court Division, Hope House, Mattie Rhodes Center, and the Kansas City Anti-Violence Project). The facility has a contract for counseling services. The contracted provider has also received training in victim advocacy.

Documentation Reviewed

Jackson County Child Advocacy SAFE Services

Victim Advocacy Training

Contract for Counseling Services

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

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The facility has a contract for counseling services. The contracted provider has also received training in victim advocacy.

Documentation Reviewed

Jackson County Child Advocacy SAFE Services

Victim Advocacy Training

Contract for Counseling Services

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

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

Documentation Reviewed

Memo (DYS External Investigative Agencies).

There is no further action required for the provision.

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

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

Corrective Action:

115.321 (a). Evidence Protocol and Forensic Examinations. It is recommended that the facility designates a sexual abuse investigator that completes the specialized investigative training for sexual abuse. It is also recommended that the facility investigator reviews the best practice guides for sexual assault kits in 2017. The facility designated an investigator, and the investigator completed the required specialized training. No further action is needed.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Allegations (4) (1 additional in corrective action phase)</p> <p>Post onsite allegation (1)</p> <p>Interviews:</p> <p>Agency head</p> <p>Investigative Staff</p> <p>Findings (By Provision): As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Policy 9.18, Sexual Abuse and Assault, provides guidance on administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in 445-03-DT - Sexual Abuse and Assault (pp.1-12).</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 0</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0</p> <p>Although the PAQ indicated that there were no allegations of sexual abuse or sexual harassment in the last 12 months; through interviews it was determined that there were three reported allegations of sexual abuse and sexual harassment. One allegation was referred through the hotline process and was not investigated but the investigative entity and the other two were responded too through the grievance process. The auditor notified the staff that all allegations at minimum should have an administrative investigation completed. It is recommended that a staff member is trained on how to conduct sexual abuse investigations and given the responsibility to handle the administrative process of a sexual abuse and/or sexual harassment allegation.</p> <p>During the post audit phase, the facility responded to an allegation of sexual abuse. The case was internally investigated and referred to the outside investigation entity. The facility demonstrated its ability to investigate an allegation of sexual abuse and sexual harassment.</p> <p>Documentation Reviewed</p> <p>Allegations (4)</p> <p>Interviews</p> <p>Agency Head - The interviewed agency head stated that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. When allegations of sexual abuse or harassment has been made, staff will immediately separate the youth and notify an administrator. The administrator will begin the investigator process by interviewing the parties involved to collect additional information in regard to the allegations.</p> <p>Corrective Action: It is recommended that a staff member is trained on how to conduct sexual abuse investigations and given the responsibility to handle the administrative process of a sexual abuse and/or sexual harassment allegation.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.322 (b). As reported in the PAQ, the facility has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Policy Sexual Abuse and Assault states that "the shift leader shall contact the Kansas City Missouri Police Department to report the crime. Upon law enforcement arrival on campus and before the investigator begins evidence collection or interviews, the shift leader shall</p>

provide the evidence and forensic medical examinations protocol (PREA standards are in the emergency plan book) and ask that the investigator comply with the requirements of the standards (pp. 5-6).

In addition, the facility reported in the PAQ that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.

Through interviews it was determined that there were three reported allegations of sexual abuse and sexual harassment. One allegation was referred through the hotline process and was not investigated but the investigative entity and the other two were responded too through the grievance process. The auditor notified the staff that all allegations at minimum should have an administrative investigation completed. It is recommended that a staff member is trained on how to conduct sexual abuse investigations and given the responsibility to handle the administrative process of a sexual abuse and/or sexual harassment allegation.

Documentation Reviewed

Agency Website

Interviews

Investigative Staff: The interviewed agency investigator reported that the Missouri Children's Division will conduct the investigations, and if they believe criminal activity is involved. They will then bring in law enforcement, to pursue criminal charges if necessary.

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

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

115.322 (c). As reported, the facility is responsible for conducting the administrative but not the criminal investigations. During the onsite inspection, it was determined that the facility did not have any trained investigators. The auditor recommended that the facility designate a staff member to complete the specialized training for investigators.

Documentation Reviewed

Website

Specialized Training

Corrective Action: It is recommended that a staff member is trained on how to conduct sexual abuse investigations and given the responsibility to handle the administrative process of a sexual abuse and/or sexual harassment allegation. The facility has designated a staff member who has completed the NIC training. No further action is needed.

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

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

Corrective Action and Conclusion

115.322 (a/c). It is recommended that a staff member is trained on how to conduct sexual abuse investigations and given the responsibility to handle the administrative process of a sexual abuse and/or sexual harassment allegation. The facility has designated a staff member who has completed the NIC training. The facility updated its website to contain PREA related information. In addition, the website contains information regarding child abuse and who to report the allegations too and who will conduct the investigations. No further action is needed.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Training – Staff Training Requirements and Guidelines</p> <p>Cross Gender Pat Down Training Roster (December 2021)</p> <p>Interoffice Memorandum (Plan of Action-Standard 115.331)</p> <p>Corrective Action: Additional Staff Training (9)</p> <p>Memo: PREA Training Overnight Staff</p> <p>Interviews:</p> <p>Random sample of staff - 9</p> <p>Findings (By Provision):</p> <p>115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul style="list-style-type: none"> · The agency's zero-tolerance policy for sexual abuse and sexual harassment; · How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; · Residents right to be free from sexual abuse and sexual harassment; · The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; · The dynamics of sexual abuse and sexual harassment in resident facilities; · The common reactions of sexual abuse and sexual harassment victims; · How to detect and respond to signs of threatened and actual sexual abuse; · How to avoid inappropriate relationships with residents; · How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; · How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and · Relevant laws regarding the applicable age of consent. <p>The Staff Training Requirements and Guidelines policy states that staff are required to take the sexual abuse/intervention training. A memo dated 12/31/2021 indicated that staff are required to complete the Maryland Department of Juvenile Services video PREA Employee Training Unit-1-4. Memo (PREA Standard 115.331 (b)-2) states that "all of Jackson County Family Court staff how have direct responsibilities of supervising residents are required to view the Maryland Department of Juvenile Services video Employee Training Unit 1-4, This video covers cross training on the duties and expectations of working in housing units of the opposite gender".</p> <p>During the onsite portion of the audit, it was determined that not all staff or contractors were clear on the training requirements or what they were trained on related to the Prison Rape Elimination Act. The facility administrator issued a plan of action to address the training requirements. The plan of action stated:</p> <p>The Detention Facility is presenting a plan of Action regarding training practices of PREA. Full time employees, contractor, volunteer staff members will be provided mandatory training subjects at the beginning of employment or before working with residents within the facility. All staff will receive a refresher training course within the current year.</p>

The following will be the information given to employees, contractors, and volunteers for training:

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

Documentation Reviewed

Sample of Training Records (34)

Memo: PREA Standard-Employee Training

Memo: PREA Standard 115.331 (b)-2

Cross Gender Pat Down and other Training Material (PREA Resource Center) Roster (December 2021)

Interoffice Memorandum (Plan of Action-Standard 115.331)

Corrective Action: Additional Staff Training (9)

Memo: PREA Training Overnight Staff

Interviews

Random Sample of Staff - Random Sample of Staff - The interviewed random sample of staff reported that they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment;

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

The staff reported that the received the training as new hires and annually. The day staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed. Additionally, the

day shift staff reported that PREA is discussed during monthly meetings. The night shift staff could not recall if all of the areas of the training was addressed; nor could they articulate discussing PREA in between trainings.

Corrective Action: Need verification of the refresher training that was completed in accordance with the Interagency Memo issued during the onsite/post audit phase. It is further recommended that the facility implement a process to routinely discuss PREA with the night shift consistent with the day shifts. The facility provided a memo stating "effective immediately overnight Detention staff will need to review the following PREA Training videos and sign an acknowledgement of completion. The training needs to be done no later than June 29, 2022, at 2300 hours. Failure to complete these training can lead to corrective action". The facility provided additional staff training. No further action is needed.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. The PAQ further states that employees who are reassigned from facilities housing the opposite gender are given additional training. A memo dated 12/31/2021 indicated that staff are required to complete the Maryland Department of Juvenile Services video PREA Employee Training Unit-1-4. Memo (PREA Standard 115.331 (b)-2) states that "all of Jackson County Family Court staff who have direct responsibilities of supervising residents are required to view the Maryland Department of Juvenile Services video Employee Training Unit 1-4, This video covers cross training on the duties and expectations of working in housing units of the opposite gender".

Documentation Reviewed

Sample of Training Records (34)

Memo: PREA Standard-Employee Training

Memo: PREA Standard 115.331 (b)-2

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

115.331 (c). The PAQ indicated that 23 of the staff currently employed were trained or retrained on the PREA requirements. Refresher training is conducted every year. Memo (PREA Standard 115.331 (b)-2 states that "all of Jackson County Family Court staff who have direct responsibilities of supervising residents are required to view the Maryland Department of Juvenile Services video PREA Employee Training Unit 1-4. This video is used for refresher interim training on PREA between annual trainings"

Documentation Reviewed

Sample of Training Records

Memo: PREA Standard 115.331 (c)-2

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

115.331 (d). The PAQ indicated that the facility requires employees who may have contact with residents to document, via signature, that they understand the training they received. The auditor reviewed a Training roster for 21 staff in December 2022.

Documentation Reviewed

Cross Gender Pat Down and other Training Material (PREA Resource Center) Roster (December 2021)

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

Corrective Action and Conclusion

115.331 (a). Employee Training. Need verification of the refresher training that was completed in accordance with the Interagency Memo issued during the onsite/post audit phase. It is further recommended that the facility implement a process to routinely discuss PREA with the night shift consistent with the day shifts. The facility provided additional staff training. No further action is needed.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Volunteer Orientation Checklist -6 uploaded</p> <p>Corrective Action (Volunteer Orientation Checklist)-2</p> <p>Interviews:</p> <p>Volunteer/Contractor-3</p> <p>Findings (By Provision):</p> <p>115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 11.</p> <p>Documentation Reviewed</p> <p>Sample of training records of volunteers and contractors who may have contact with residents 6</p> <p>Training Curriculum</p> <p>Corrective Action (Volunteer Orientation Checklist)-2</p> <p>Interviews</p> <p>Volunteer(s) or Contractor(s) who have Contact with Residents – The interviewed volunteer and contractors reported that they do not recall being trained on the sexual abuse or sexual harassment policy at the initiation of services.</p> <p>Corrective Action: Retrain volunteer/contractor staff. Provide proof of the completed training. Proof of the completed training was provided. No additional documentation is required.</p> <p>115.332 (b). It was reported in the PAQ that there were 11 volunteers and contractors who have contact with residents, who have been trained on the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor reviewed acknowledgment forms for 6 of the 11 volunteers and contractors.</p> <p>Documentation Reviewed</p> <p>Sample of training records of volunteers and contractors who may have contact with residents 6</p> <p>Corrective Action (Volunteer Orientation Checklist)-2</p> <p>Interviews</p> <p>Volunteer(s) or Contractor(s) who have Contact with Residents – The interviewed volunteer and contractors reported that they do not recall being trained on the sexual abuse or sexual harassment policy at the initiation of services. When further probed one of the interviewed person reporting receiving mandated reporter training and that there were posters all of over the facility on sexual abuse and sexual harassment. The person also reported that they had a duty to report and that they would report to the supervisor or superintendent.</p> <p>Corrective Action: Retrain volunteer/contractor staff. Provide proof of the completed training. Proof of the completed training was provided. No additional documentation is required.</p> <p>115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received. The auditor reviewed acknowledgment forms for 6 of the 11 volunteers and contractors.</p> <p>Documentation Reviewed</p>

Sample of training records of volunteers and contractors who may have contact with residents 6.

Training Curriculum

Conclusion and Corrective Action:

115.332 (a). Corrective Action: Retrain volunteer/contractor staff. Provide proof of the completed training. Proof of the completed training was provided. No additional documentation is required.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Policy: Interpreter Services</p> <p>Resident Handbook (Spanish/English)</p> <p>PREA Poster (Spanish/English)</p> <p>Resident Handbook Acknowledgement (32)</p> <p>PREA Video (PREA Training Juvenile, 5/15/2014)</p> <p>Interviews:</p> <p>Intake staff -3</p> <p>Random sample of residents - 10</p> <p>On-site observation</p> <p>PREA Posters</p> <p>Findings (By Provision):</p> <p>115.333 (a). As reported in the PAQ, 189 residents were admitted during the past 12 months received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The Resident Handbook informs the residents about their right to be free from sexual abuse and sexual harassment (p. 5).</p> <p>Documentation Reviewed</p> <p>Resident Handbook Acknowledgement (32-to include past and current residents)</p> <p>Resident Handbook</p> <p>Interviews</p> <p>Intake Staff – The interviewed intake staff reported that during the intake process, new residents are provided the resident handbook which includes residents’ rights and the Family Court Pamphlet – “What you should know about sexual abuse & assault”. Residents are explained on how to make a hotline call and how to file a grievance. Current residents watch the PREA video monthly with the facility counselor and how to report incidents of sexual abuse and harassment. Facility has information posters on walls in resident areas to continually remind them of this right and who to call if an incident occurs.</p> <p>Resident Interview Questionnaire- All but one of the interviewed residents reported that they received information about the facilities rules against sexual abuse or sexual harassment either the first or second day upon arrival at the facility. One resident could not recall what information was provided.</p> <p>Mental Health Staff: The interviewed mental health staff reported that she provides a mental health group that covers PREA. A video is shown to the residents on a monthly basis. As a group they discuss sexual abuse and sexual harassment; ways to report, who to report to, what happens when you make a report, protection from retaliation, preserving evidence, how to be safe and how to avoid situations. The video is approximately nine minutes in length and is located on YouTube.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.333 (b). As reported in the PAQ, 189 residents that were admitted in the facility during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such</p>

incidents.

Documentation Reviewed

Resident Handbook Acknowledgement (32-to include past and current residents)

Resident Handbook

Interviews

Intake Staff – The interviewed intake staff reported that new residents are explained during intake of their right to be free of sexual abuse, assault, or harassment. Facility has information posters on walls in resident areas to continually remind them of this right and who to call if an incident occurs. Residents are made aware of their right to be free from sexual abuse, assault, and harassment during their intake processing.

Resident Interview Questionnaire – All but two of the interviewed residents could recall being notified that they had a right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and being notified that they would not be punished for reporting sexual abuse or sexual harassment. The residents further reported that they either received the information within hours or within a day upon arrival at the facility.

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

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

Documentation Reviewed

Resident Handbook Acknowledgement (32-to include past and current residents)

Resident Handbook

Interviews

Intake Staff – The interviewed intake staff reported that current residents watch the PREA video monthly with the facility counselor and how to report incidents of sexual abuse and harassment.

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

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

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. Policy 445-03-DT - Sexual Abuse and Assault, states that “youth that present with physical limitations (e.g. , hearing impaired; low vision); intellectual deficits or have limited English proficiency that may have difficulty in processing how to respond to or report sexual abuse or assault; the detention counselor, in consultation with the youth's case manager or deputy juvenile officer will make arrangements to have any special services available for the youth such that they youth is capable of understanding the center's efforts to protect them from abuse events” (p. 3).

Policy No.230-04-Interpreter Services, provides guidance on how the facility will obtain any needed interpreter services. The policy further states that “all interpreter request must be sent to the “interpreter mailbox” indicated as “Return Receipt Requested” as initial confirmation of request processing”.

The auditor reviewed the agency website which provided the below information:

ADA Auxiliary Aids and Services

The Jackson County Circuit Court for Jackson County, Missouri will furnish reasonable auxiliary aids and services where necessary to afford an individual with a disability an equal opportunity to participate in or benefit from services, programs, or activities conducted by the Court. These “auxiliary aids and services” may include:

- Braille forms

- Large Print
- Readers
- Qualified interpreters for persons who are deaf
- Note takers
- Transcription services
- Written materials
- Assistive Listening Devices
- Other effective methods of making written or orally delivered materials available to individuals who are blind or deaf.

When an auxiliary aid or service is required for effective communication, the court will provide an opportunity for an individual with a disability to request the reasonable auxiliary aid or service of his or her choice and will give primary consideration to the choice expressed by the individual. A reasonable effort will be made to accommodate the request.

Requesting Auxiliary Aids or Services

Advance notice to the Court of the request for auxiliary aids or services is strongly encouraged. The Court should be notified at least 5 days in advance for court sessions or hearings. For emergencies or urgent requests, the court should be notified immediately. The best effort to fulfill the request will be made.

All requests for auxiliary aids or services should be directed to the ADA Coordinator:

For all court areas except Family Court:

For Family Court Services Division:

Nick Purifoy

Assistant Legal Counsel

Jackson County Courthouse

415 East 12th Street - Room 303

Kansas City, Missouri 64106-2706

Phone: (816) 881-3652

Fax: (816) 881-3164

Ralph Zanders

Director, Support Services

Family Court Services

625 E. 26th Street

Kansas City, Missouri 64108

Phone: (816) 435-4856

Fax: (816) 435-4793

Documentation Reviewed

Resident Education Material

Agency Website

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

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions. During the onsite portion of the audit, the mental health staff reported that in addition to the information provided at intake she will show a PREA video to the residents on a monthly basis. During the group, they go over ways to report, who they can report to, safe from retaliation, how to preserve evidence, how to be safe and situations to avoid.

Documentation Reviewed

Resident Handbook Acknowledgement (32-to include past and current residents)

Resident Handbook

PREA Video (PREA Training Juvenile, 5/15/2014)

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

115.333 (f). The facility reported in the PAQ that the agency will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Documentation Reviewed

Education and informational materials (posters, resident handbook, etc.) in compliance with the standard

PREA Poster (English/Spanish)

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

Conclusion and Corrective Action:

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

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>PPT: Investigative Employee Complaints & Misconduct</p> <p>Policy: Crime Scene Preservation</p> <p>Specialized Training for Investigators</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.334 (a). N/A-As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations. Policy Crime Scene Preservation states that:</p> <p>Upon discovery of the sexual assault, the shift leader shall contact law enforcement to report the crime. Protect the area where the crime occurred. Keep staff and youth away from the area. It may be prudent to post a staff member in the area until law enforcement can arrive for evidence collection.</p> <ul style="list-style-type: none"> · Take photos of the area to document the placement of any items in the area and their conditions. <p>Maintain integrity of evidence when possible - if something is moved or removed, make note to document with law enforcement.</p> <p>Basic considerations for handling sexual assault evidence; a. handle clothing as little as possible b. do not clean wounds if at all possible c. use paper bags for all articles collected d. bag each clothing item separately e. disturb the crime scene as little as possible.</p> <p>During the onsite portion of the audit, it was determined that although the facility refers cases to child protective services and/or the state, an administrative portion of the process should be addressed at the facility level. There was one identified supervisor who completed the county Investigative Employee Complaints & Misconduct training; however the training does not cover all of the core elements required for the specialized training of investigators for sexual abuse and sexual harassment allegations. The key elements missing where:</p> <ul style="list-style-type: none"> · Techniques for interviewing juvenile sexual abuse victims · Sexual abuse evidence collection in confinement settings, and · The criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>Documentation Reviewed</p> <p>Investigative Employee Complaints & Misconduct</p> <p>Interviews</p> <p>Investigative Staff – The interviewed agency investigative staff reported that they received investigation training from the court, and will enroll in the specialized training offered by PREA. The court training went over how to secure evidence, review video footage, and conducting interviews with staff and residents.</p> <p>The outside agency investigator was interviewed. It was reported that they do not receive training specific to conducting sexual abuse and sexual harassment in confinement settings; however, they receive other sexual abuse investigation trainings. OHI investigators have to have a minimum of 20 hours of 210 training per year. We receive trainings specific to child abuse and sexual abuse several times per year and they are sent out to investigators to attend if they haven't had the specific training yet. Also, they attend Stat Team trainings for sexual abuse when they are offered, and investigators are able to attend. We send investigators to Child First Trainings yearly where they are trained on investigating sexual abuse. Our</p>

Training Unit is in the process of developing a means for our investigators to receive credit for the PREA Training, but we do not have that ability yet. Once we are able to get credit the investigators will attend the Specialized Training for investigating sexual abuse in confinement settings.

Corrective Action: The facility does not have a trained investigator to complete the administrative portion of the investigation process. It is recommended by the auditor that a staff member is identified and that they complete the specialized training for investigations offered by NIC. The facility designated an investigator, and the investigator completed the required specialized training. No further action is needed.

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

115.334 (b). As reported in the PAQ, the agency does not conduct any form of administrative or criminal sexual abuse investigations. However, after further review of the investigation process it was determined that the agency will have to be trained and conduct the administrative portion of the investigation process. The auditor reviewed three PREA related allegations. Two of the allegations were addressed through the grievance process and one was referred to the outside investigator through the Hotline process. The outside reporting agency declined to investigate. However, the allegations should have been investigated; therefore the auditor has recommended that a staff member completes the Specialized training for investigators to ensure that the administrative process of the investigation is completed and not completed through the grievance process.

Documentation Reviewed

Specialized Training for Investigators

Interviews

Investigative staff: The interviewed agency investigator reported that the previous PREA manager was trained on conducting investigations. It was further reported that the current agency investigator was not trained on conducting sexual abuse investigations however will be completing the training.

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

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

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

115.334 (c). The agency conducts administrative but not criminal sexual abuse investigations. However, after further review of the investigation process it was determined that the agency will have to be trained and conduct the administrative portion of the investigation process. The auditor reviewed three PREA related allegations. Two of the allegations were addressed through the grievance process and one was referred to the outside investigator through the Hotline process. The outside investigator declined to investigate. However, the allegations should have been investigated; therefore, the auditor has recommended that a staff member completes the Specialized training for investigators to ensure that the administrative process of the investigation is completed and not completed through the grievance process.

Documentation Reviewed

Specialized Training for Investigators

Corrective Action: The facility does not have a trained investigator to complete the administrative portion of the investigation process. It is recommended by the auditor that a staff member is identified and that they complete the specialized training for investigations offered by NIC. The facility designated an investigator, and the investigator completed the required specialized training. No further action is needed.

115.334 (d). Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Corrective Action and Conclusion

115.334 -The facility does not have a trained investigator to complete the administrative portion of the investigation process. It is recommended by the auditor that a staff member is identified and that they complete the specialized training for investigations offered by NIC. The facility designated an investigator, and the investigator completed the required specialized training. No further action is needed.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Training-Staff Training Requirements and Guidelines</p> <p>Training Records (Metropolitan Organization to Counter Sexual Assault)-2 certificate uploaded</p> <p>PREA 201 For Medical and Mental Health Providers Certificate (1)</p> <p>Interviews:</p> <p>Medical and mental health staff (2)</p> <p>Findings (By Provision):</p> <p>115.335 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. During the pre-audit and post audit phase the facility provided documentation that the onsite medical and mental health staff received specialized training.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 3.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 100.</p> <p>Documentation Reviewed</p> <p>Specialized Training for Medical and Mental Health Staff -PREA 201 For Medical and Mental Health Providers Certificate (1)</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed mental health staff reported that they have not received specialized training regarding sexual abuse and sexual harassment. The interviewed medical staff stated that they have been active in the practice of pediatric and adolescent medicine for 33 years. Training/study in recognizing and evaluating sexual abuse/sexual harassment is part of our continuing medical education. I was on staff at our pediatric tertiary care center for 17 years and cared for many children and adolescents who had been victims of physical and sexual abuse. Yearly Title IX training. The medical staff further reported that they were trained on how to detect and assess signs of sexual abuse and sexual harassment and to whom to make a report.; however, they were not trained on how to preserve physical evidence on sexual abuse; however, they know the general protocols for swabs, cultures, and photographs.</p> <p>Corrective Action: Medical and Mental Health Care. Through documentation review it was determined that the medical and mental health staff receive training from the Metropolitan Organization to Counter Sexual Assault; however, it was not determined that the training covers all of the core elements for sexual assault and medical and mental health staff. Please provide a copy of the training curriculum to determine if it meets the threshold of compliance or have the medical and mental health staff complete the specialized training for medical and mental health offered by NIC. The certificate was provided, there is no further action needed.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No further corrective action is warranted.</p> <p>115.335 (b). Agency medical staff at this facility do not conduct forensic medical exams.</p> <p>Interviews</p> <p>Medical and Mental Health Staff - The interviewed mental health staff reported that they do no conduct forensic examinations. The medical staff further reported that if a young man or woman needs a forensic exam, and if not completed prior to their arrival at detention, they are referred to our pediatric tertiary care center (Children's Mercy Hospital) for evaluation.</p>

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

115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff.

Corrective Action: Medical and Mental Health Care. Through documentation review it was determined that the medical and mental health staff receive training from the Metropolitan Organization to Counter Sexual Assault; however, it was not determined that the training covers all of the core elements for sexual assault and medical and mental health staff. Please provide a copy of the training curriculum to determine if it meets the threshold of compliance or have the medical and mental health staff complete the specialized training for medical and mental health offered by NIC. The certificate was provided, there is no further action needed.

115.335 (d).

Documentation Reviewed

Metropolitan Organization to Counter Sexual Assault Training-2

PREA 201 For Medical and Mental Health Providers Certificate (1)

Corrective Action: Medical and Mental Health Care. Through documentation review it was determined that the medical and mental health staff receive training from the Metropolitan Organization to Counter Sexual Assault; however, it was not determined that the training covers all of the core elements for sexual assault and medical and mental health staff. Please provide a copy of the training curriculum to determine if it meets the threshold of compliance or have the medical and mental health staff complete the specialized training for medical and mental health offered by NIC. The certificate was provided, there is no further action needed.

Corrective Action and Conclusion

115.335 - Through documentation review it was determined that the medical and mental health staff receive training from the Metropolitan Organization to Counter Sexual Assault; however, it was not determined that the training covers all of the core elements for sexual assault and medical and mental health staff. Please provide a copy of the training curriculum to determine if it meets the threshold of compliance or have the medical and mental health staff complete the specialized training for medical and mental health offered by NIC. The certificate was provided, there is no further action needed.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)</p> <p>Housing Classification (26)</p> <p>Reassessment (8)</p> <p>12-month resident roster</p> <p>Interviews:</p> <p>Staff responsible for Risk Screening</p> <p>Random sample of residents - 10</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.341 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.</p> <p>Policy Sexual Abuse and Assault policy states that "aall Juveniles shall be screened utilizing the Vulnerability Assessment Instrument (V AI) form during the intake process to determine vulnerabilities or tendencies of acting out with sexually aggressive behavior" (p. 2). The policy further states that the "Facility Supervisors, Shift Leaders and the Detention Counselor are responsible for completing the VAI with any new admission within the first 24 hours of the youth's arrival on campus. The interview must be conducted in private. Monday through Friday and during business hours, the Counselor will complete the V AI with the youth. After hours and on the weekends, Facility Supervisors and Shift Leaders will complete the form" (p. 2).</p> <p>The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 158.</p> <p>The policy indicates that "in the event that a youth should remain in detention for longer than 60 days a reassessment using the V AI shall be completed by the detention counselor. The second assessment shall be labeled as indicated above but with a 2 after the VAI designation (e.g., VA/2 Smith 5-20-15)" (p. 3).</p> <p>Documentation Reviewed</p> <p>Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)</p> <p>Housing classification (26)</p> <p>Reassessments (8)</p> <p>12-month resident roster</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening – The interviewed staff reported that all residents are screened for their vulnerability to victimization and/or sexual aggressiveness at time of admission whether they are coming from another facility or the community. Residents are screened within 24 hours of admission. This information is gathered at time of intake directly from the youth. Previous court cases and reports are also reviewed. If a youth has been at Detention previously, past records and reports could also be reviewed. The youth's risk level is reassessed every time they return to Detention after being</p>

discharged. While youth are in Detention, their risk level would be reassessed if an incident or behaviors arise or if new information is disclosed.

Resident Interview Questionnaire – All but one of the interviewed residents reportedly remembered being asked whether they have been sexually abused, whether they identify as being gay, lesbian, bisexual, or transgender, whether they have a disability, or whether or not they may be in danger of sexual abuse at the facility. Most residents reported receiving said information within the first day of placement at the facility. When the residents were asked whether they have been asked such questions again only one resident could recall being asked the same questions again. It should also be noted that a majority of the residents had been placed at the facility for less than 30 days.

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

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument called a PREA Vulnerability Information Review Form (PVIR). The auditor reviewed the risk assessment tool and determined that the facility uses an objective screening instrument.

Documentation Reviewed

Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)

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

115.341 (c). The interviewed staff responsible for risks screenings, reported that the tool looks at history of abuse, sexual orientation, gender, and perception of vulnerability. The auditor reviewed the risk for sexual victimization and abusiveness tool. At minimum the tool considers:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical size of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

Documentation Reviewed

Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)

Interviews

Staff Responsible for Risk Screening - The initial risk screening considers the youth's experience in an institutional setting, their perception of their own social skills, their perception of risk, their history of victimization, their offense type, if they have engaged in violent or sexual aggressive behavior previously, their age, any intellectual impairment, a "lack of fit" within juvenile facility culture as observed by the screener, and a review of the youth's file for any prior sexual aggression or sexual victimization of others that was not disclosed by the youth.

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

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

Interviews

Staff Responsible for Risk Screening - This information is gathered at time of intake directly from the youth. Previous court cases and reports are also reviewed. If a youth has been at Detention previously, past records and reports could also be reviewed.

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

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

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The risk assessment or the VAI is completed and disseminated to the follow persons: medical, staff, counselor, admin staff and supervisor. Other staff will be limited need to know basis.

Staff Responsible for Risk Screening - A youth's risk assessment is accessible to counseling staff and administrative staff. However, all staff should be trained to complete this assessment during intake and any staff could potentially complete the assessment upon a resident's admission.

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

Corrective Action and Conclusion

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Policy: Safety - Special Management Housing</p> <p>Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)</p> <p>Trauma Informed Individualized Safety Plan</p> <p>Housing Classification (26)</p> <p>Transgender Resident Assessment Tool and Housing</p> <p>Interviews:</p> <p>PREA coordinator</p> <p>Staff responsible for Risk Screening</p> <p>Superintendent</p> <p>Medical and mental health staff - 2</p> <p>Randomly selected staff - 10</p> <p>Onsite Inspection</p> <p>Review of housing units</p> <p>Findings (By Provision):</p> <p>115.342 (a). As stated in the PAQ, the facility, uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse.</p> <p>Documentation Reviewed</p> <p>Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)</p> <p>Housing Classification (26)</p> <p>Interviews</p> <p>Superintendent or Designee – The interviewed superintendent reported that residents are only isolated from others as a last resort and until less restrictive measures can be taken. Ordinarily residents are placed in isolation up to 22 hours or less.</p> <p>Medical and Mental Health Staff – One of the interviewed mental health staff reported that they do not place residents in isolation. One staff reported that residents would continue to receive visits from medical and mental health if placed in isolation. This would occur with daily checks.</p> <p>115.342 (b). As stated in the PAQ, the facility, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>Policy Sexual Abuse and Assault states that “however, there may be conditions that warrant the separation of a youth from the other youth in the facility (e.g., there is an active and real threat to the child's safety). Segregating a resident from others should only be used as a last resort and only when other measures of ensuring the child's safety are exhausted. Please see Special Management Housing protocol for guidance. 1) In the event the youth is in special management housing, they shall be afforded the same access to large muscle, recreation and educational opportunities as all other youth” (p. 5).</p>

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

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

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

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the facility does not have a special housing unit for lesbian, gay, bisexual, transgender or intersex residents. Once identification as transgender the person will be asked if they feel more comfortable with being around male or females and this will help with the housing process. But during this process a person states that they feel unsafe we will house them separated providing a same accommodated in a single cell, provided access to separate shower and toilet facilities.

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

115.342 (c). As reported in the PAQ, the facility prohibits placing lesbian, gay, bisexual, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification status. The PAQ further reiterates that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Policy Sexual Abuse and Assault states that "detention prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive" (p. 4).

Documentation Reviewed

Transgender Resident Housing Assignment

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the facility does not have a special housing unit for lesbian, gay, bisexual, transgender or intersex residents. Once identification as transgender the person will be asked if they feel more comfortable with being around male or females and this will help with the housing process. But during this process a person states that they feel unsafe we will house them separated providing a same accommodated in a single cell, provided access to separate shower and toilet facilities.

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

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

Documentation Reviewed

Former Transgender Resident-Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk

Former Transgender Resident-Housing

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

Documentation Reviewed

Former Transgender Resident-Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk

Former Transgender Resident-Housing

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that transgender or intersex resident views of their safety given serious consideration in placement and programming assignments.

115.342 (f). A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Policy 6.7, Administrative Case Review, indicates that all youth shall have an administrative case review every six months. There were no transgender residents housed at the facility for six months for the case review.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that all residents are able to shower separately.

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

115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents. It should be noted that all residents shower separately.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that if the screening indicates that a resident has experienced prior sexual victimization, we offer a follow up meeting with a medical and/or medical health practitioners. These follow-up meetings are offered within 14 days and are recorded on the Vulnerability Assessment Instrument from the Resident's intake. I typically meet with the Resident within 48 hours of receiving their disclosure.

115.342 (h). The PAQ, indicated that there were zero residents at risk of sexual victimization who were held in isolation in the past 12 months.

115.342 (i). If reported in a PAQ if a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Policy - Safety - Special Management Housing states that "youth in confinement for a period greater than twenty-four (24) hours shall be visited by someone from administration, nursing or counseling sections at least once per day until the confinement period has ended" (p. 2).

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

Corrective Action and Conclusion

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Youth - Admission Procedures</p> <p>Policy: Sexual Abuse and Assault</p> <p>Policy: Abuse and Neglect Reporting</p> <p>Resident Handbook</p> <p>Grievance Form</p> <p>Corrective Action: Additional Staff Training</p> <p>Memo: PREA Training Overnight Shift</p> <p>Interviews:</p> <p>Random sample of staff - 9</p> <p>Random sample of residents - 10</p> <p>Findings (By Provision):</p> <p>115.351 (a). As reported in the PAQ, the facility has established procedures allowing multiple internal ways for residents to privately report sexual abuse or sexual harassment. The resident handbook provides guidance to the residents on the multiple ways to make a report. The handbook indicates that residents can report to staff, parent or guardian, file a grievance, notify their attorney or contact Metropolitan Organization to Counter Sexual Assault (MOCA) (p. 5).</p> <p>While the resident handbook discusses multiples ways to report, it is recommended that the facility update resident handbook so that it includes the number to the hotline to report along with addresses to the outside entities to make a report.</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>Corrective Action: Additional Staff Training</p> <p>Memo: PREA Training Overnight Shift</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that residents can privately report sexual abuse or sexual harassment or retaliation by telling staff, supervisors, or complete grievances. It should be noted that two of the night staff reported that they do not know how residents could make a report. One of the staff also reported that the posters were just put up.</p> <p>Resident Interview Questionnaire – When the interviewed residents were asked how they would report sexual abuse or sexual harassment that happened to themselves or someone else the answers varied from telling staff, telling parents, telling someone they trust, calling the hotline and telling the counselor.</p> <p>Corrective Action: During the post onsite audit phase, the facility updated its handbook to include the number to the hotline to report along with addresses to the outside entities to make a report. No further action is needed.</p> <p>As previously discussed, it is recommended that additional training should occur with the evening shift. The facility provided a memo stating “effective immediately overnight Detention staff will need to review the following PREA Training videos and sign an acknowledgement of completion. The training needs to be done no later than June 29, 2022, at 2300 hours. Failure to complete these training can lead to corrective action”. The facility provided additional staff training. No further action is needed.</p>

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

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

Policy - Youth - Admission Procedures, states that "for residents detained solely for civil immigration purposes they shall be provided contact information for the embassy of country of origin or Department of Homeland Security. Residents may make contact with immigrant service agencies in reasonable privacy. The youth may use the phone in Visitation #3 after the staff member dials the appropriate number. The staff member must maintain visual observation of the resident at all times during the call. • Consulate General of Mexico 1617 Baltimore, KCMO (816) 556-0800 • Department of Homeland Security 97 4 7 NW Conant Avenue Kansas City, MO 64153 (816) 891-8350" (p. 9).

Interviews

Resident Interview Questionnaire- When the interviewed residents were asked if there was someone who did not work at the facility they could report sexual abuse or sexual harassment, the answers varied from the probation officer, hotline, parents or hotline. When probed one resident could not say who he could report to.

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

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Policy Sexual Abuse and Assault, states that "any employee who is a witness to or has knowledge of any child abuse or neglect, sexual activity, assault and/or rape or sexual harassment shall be responsible to immediately report it to the Facility Manager or designee" (p. 1). The policy further states that "any employee that receives a report of a sexual assault or possible sexual assault, whether verbally or in writing shall immediately notify the Shift Leader, Facility Supervisor, Assistant Superintendent and Superintendent" (p. 5).

Interviews

Random Sample of Staff – The interviewed staff reported that when a resident alleges sexual abuse or sexual harassment they could do so verbally, in writing, anonymously or through third parties. All of the staff reported that such allegations would be documented immediately.

Resident Interview Questionnaire – When the interviewed residents were asked if they could make a report of sexual abuse or sexual harassment either in person or in writing all of the residents stated "yes"; and they all mentioned a family member could report on their behalf.

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

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

Documentation Reviewed

Grievance Form

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

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy Abuse and Neglect, "when any mandated reporter has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect to include any sexual abuse, assault or harassment or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report or cause a report to be made to the Missouri Department of Social Service Hotline Number. 1. Within the State of Missouri: 1-800-392-3738 2. Outside the State of Missouri: 1-573-751-3448 B. In addition to mandated reporters defined above, any Residential Services employee or youth may report actual or suspected abuse or neglect in accordance with Missouri Revised Statutes sections 210.109 to 210.183" (p. 1).

The policy further states that "in general, the reporting process is supposed to be transparent and thus, the report cannot be

made anonymously. However, there may be times in which a staff member may fear retaliation by co-workers or administration. In this event, any staff member may choose to report the suspected abuse to any management employee they desire to include managers in other departments (e.g., Field Services). The point is to have the incidents reported and stopped, if an anonymous report is the mechanism that helps meet that goal; then anonymous reports are allowed" (p. 2).

Staff are informed of these processes through various methods such as, email, policy, website, and supervisors.

Interviews

Random Sample of Staff – The interviewed staff reported that they could privately report sexual abuse or sexual harassment of residents by telling supervisors, administrative staff or calling hotline.

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

Corrective Action and Conclusion

115.351 (a). While the resident handbook discusses multiples ways to report, it is recommended that the facility update resident handbook so that it includes the number to the hotline to report along with addresses to the outside entities to make a report. During the post onsite audit phase, the facility updated its handbook to include the number to the hotline to report along with addresses to the outside entities to make a report. No further action is needed.

As previously discussed, it is recommended that additional training should occur with the evening shift. The facility provided a memo stating "effective immediately overnight Detention staff will need to review the following PREA Training videos and sign an acknowledgement of completion. The training needs to be done no later than June 29, 2022, at 2300 hours. Failure to complete these training can lead to corrective action". The facility provided additional staff training. No further action is needed.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Youth - Grievance Procedures</p> <p>Policy: Safety - Special Management Housing</p> <p>Grievance Form (Blank)</p> <p>Grievance Log (4 listed)</p> <p>Sexual Harassment Grievances (2)</p> <p>Resident Handbook</p> <p>Memo</p> <p>Corrective Action: Investigations</p> <p>Findings (By Provision):</p> <p>115.352 (a). As reported in the PAQ, the agency does not have an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard. During the onsite inspection of the audit the auditor observed that there were two allegations of sexual harassment reported through the grievance process. It was further determined that the allegations were not referred for investigation but were handled through the grievance process.</p> <p>Policy Grievance Procedures provides guidance on the process for residents to file a grievance.</p> <p>Documentation Reviewed</p> <p>Grievance Log (4 listed)</p> <p>Sexual Harassment Grievances (2)</p> <p>Corrective Action: Investigations</p> <p>Corrective Action: As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. The auditor reviewed an allegation of sexual abuse during the corrective action phase. The facility is in compliance with the standard. No further action is needed.</p> <p>115.352 (b). As reported in the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Policy Grievance Procedures, "youth have the right to file a formal grievance on any matter, no matter how menial it may seem to staff (Attachment A). 1. A resident may file a grievance on any issue at any time. There are no time restrictions associated with any grievance related to sexual abuse, assault or harassment. 2. If the grievance alleges sexual abuse the resident may file, the complaint with any staff member and under no circumstances must the youth submit the grievance to the staff member alleged to have committed the violation. a. A grievance alleging sexual abuse or harassment by a staff member shall not be referred to the accused staff member for resolution. All sexual abuse or harassment claims must be communicated to through the chain of command and the protocol for investigation of sexual assault, abuse and harassment claims followed" (p. 1).</p> <p>Updated Policy: The Grievance Procedures policy was updated to state that "In the case of a grievance concerning sexual abuse, assault or harassment there is no such option of an informal administrative resolution. Sexual abuse, assault or harassment must be reported, investigated and hot lined". The policy further states that "if the grievance alleges sexual</p>

abuse the resident may file the complaint with any staff member and under no circumstances must the youth submit the grievance to the staff member alleged to have committed the violation. a. A grievance alleging sexual abuse or harassment by a staff member shall not be referred to the accused staff member for resolution. All sexual abuse or harassment claims must be communicated to through the chain of command and the protocol for investigation of sexual assault, abuse and harassment claims followed". "Youth will be notified during the orientation process of their ability to personally request a meeting with the Grievance Officer if they have submitted a grievance and there has been no contact made with them to review the issue" (pp 1-2).

During the onsite inspection of the audit the auditor observed that there were two allegations of sexual harassment reported through the grievance process. It was further determined that the allegations were not referred for investigation but were handled through the grievance process.

Corrective Action: As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. The facility provided a memo that was issued to detention staff stating that "In the event sexual abuse and or sexual harassment are reported we will not process through grievance procedures. Sexual abuse and or harassment will immediately be referred for investigation to management or highest ranking personnel". The policy was updated to provide guidance on the process for sexual abuse or sexual harassment. No further action is needed.

Documentation Reviewed

Grievance Log (4 listed)

Sexual Harassment Grievances (2)

Resident handbook

115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Policy Grievance Procedures, "youth have the right to file a formal grievance on any matter, no matter how menial it may seem to staff (Attachment A). 1. A resident may file a grievance on any issue at any time. There are no time restrictions associated with any grievance related to sexual abuse, assault or harassment. 2. If the grievance alleges sexual abuse the resident may file, the complaint with any staff member and under no circumstances must the youth submit the grievance to the staff member alleged to have committed the violation. a. A grievance alleging sexual abuse or harassment by a staff member shall not be referred to the accused staff member for resolution. All sexual abuse or harassment claims must be communicated to through the chain of command and the protocol for investigation of sexual assault, abuse and harassment claims followed" (p. 1).

Documentation Reviewed

Resident handbook

115.352 (d). As reported in the PAQ, the agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. It was further reported in the PAQ that there were zero grievances filled in the past 12 months for sexual abuse or sexual harassment. Policy Grievance Procedures states that "youth will be given written responses to all grievances, including the decision within seven days of receipt" (p. 2).

Policy Sexual Abuse and Assault states that "in the event unforeseen circumstances present themselves and delays the ability of the agency to conclude the investigation, the agency may claim an additional 30 days to conclude the investigation. If an extension is needed to complete the report the resident shall be notified in writing and given a date by which they will receive the conclusion of the investigation. 1) The resident is entitled to a response to all grievance(s). The resident shall receive a response to any grievance filed regarding sexual abuse, assault or harassment even if that response is to share that the evidence does not support the grievance allegations" (p. 8).

Documentation Reviewed

Grievances

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

115.352 (e). The facility reported in the PAQ that the agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Policy

Sexual Abuse and Assault indicates that "In the event the youth is in special management housing, they shall be afforded the same access to large muscle, recreation and educational opportunities as all other youth" (p. 4).

It was further reported in the PAQ that the agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. Policy Sexual Abuse and Assault states that "juveniles who are victims of sexual abuse have the option to report the incident to any staff member other than an immediate point-of-contact line staff member. a. It is possible for third parties (e.g., residents, staff members, parents) to assist the resident in filing allegations of sexual abuse, assault or harassment even to the point of filing a grievance on behalf of the effected resident. b. If a third-party file a grievance alleging sexual abuse, assault or harassment on behalf of a resident the resident shall be informed that such an action has been taken" (p. 5).

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

115.352 (f). The agency reported in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Policy Youth Grievances states that "an emergency grievance may be filed by a resident or a third party alleging that there is a credible threat to the youth's safety. An emergency grievance does not need to be written; any verbal statement that the child is in immediate jeopardy for abuse shall immediately invoke protective custody status and shall convene the facility review committee to devise a safety plan for the resident" (p. 2).

Policy Special Management Housing further states that "the review committee shall convene within 48 hours of notification of the safety concerns and provide a decision/resolution to the grievance condition within five (5) days" (p. 3).

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

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

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

115.352 (g). As reported in the PAQ the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The Sexual Abuse and Assault policy states that "the facility can limit its ability 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" (p. 2).

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

Upon review of the sexual abuse and sexual harassment allegations, it was determined that one resident was placed on a Behavior Management Plan shortly after filling a grievance for sexual harassment. While the Behavior Management Plan did not reflect it was associated with the sexual harassment allegation, I would recommend being very careful with the timing of the plan as it relates to past and current infractions.

Documentation Reviewed

Grievance Log (4 listed)

Sexual Harassment Grievances (2)

Corrective Action and Conclusion

115.352 (a). As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. The facility provided a memo that was issued to detention staff stating that "In the event sexual abuse and or sexual harassment are reported we will not process through grievance procedures. Sexual abuse and or harassment will immediately be referred for investigation to management or highest-ranking personnel". The policy was updated to provide guidance on the process for sexual abuse or sexual harassment. No further action is needed.

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Youth - Admission Procedures</p> <p>Policy: Sexual Abuse and Assault</p> <p>MOA (Darcy Maher)</p> <p>Resident Handbook</p> <p>Darcy Maher</p> <p>Interviews:</p> <p>Random sample of residents - 10</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>115.353 (a). As reported in the PAQ, The facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. It further reports that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The resident handbook has specific information for the residents to contact an outside advocate.</p> <p>Policy Sexual Abuse and Assault states that "alleged victims of sexual assault shall be immediately referred to Children's Mercy SCAN clinic where a pediatric sexual assault examiner is available. Contact 1 (800) 466- 3729: a. SCAN clinic website is: http://www.childrensmercy.org/Content/Pediatrics/ChildAbuse_Neglect/ b. Youth shall be accompanied to the SCAN clinic by a qualified staff member who has received training from Metropolitan Organization to Counter Sexual Assault (MOCSA). c. The Facility Supervisor should contact the MOCSA (816-531-0233) to report that a resident has been transported to the SCAN clinic and request a volunteer from the organization to meet with a staff member at the clinic" (p. 6).</p> <p>Policy Youth Admissions Procedures states that "during the intake process youth are afforded at least two local or collect long distance telephone calls to parents, guardians, and attorney. a. For residents detained solely for civil immigration purposes they shall be provided contact information for the embassy of country of origin or Department of Homeland Security. Residents may make contact with immigrant service agencies in reasonable privacy. The youth may use the phone in Visitation #3 after the staff member dials the appropriate number. The staff member must maintain visual observation of the resident at all times during the call. • Consulate General of Mexico 1617 Baltimore, KCMO (816) 556-0800 • Department of Homeland Security 97 4 7 NW Conant A venue Kansas City, MO 64153 (816) 891-8350" (p. 9).</p> <p>Corrective Action: Update resident handbook so that it includes the number to the hotline to report along with addresses to the outside entities to make a report. During the interview process it was determined that the residents had very limited knowledge of the outside victim advocacy services; therefore it is recommended that the facility place more postings of the addresses, telephone numbers and what services are provided in the common areas of the facility. The facility shall provide pictures showing proof of the postings. The facility provided updates to the handbook and pictures of the postings.</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.353 (b). As reported in the PAQ the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It was also reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality</p>

under relevant Federal, State, or local law. Such information can be found in the resident handbook.

Onsite Inspection: During the onsite inspection it was determined that the residents do not have easy access to telephones. Access to the phones requires the residents to ask staff to dial the number. However, the auditor did observe a resident having a private call; whereas staff could not directly hear the content of the call but could maintain site supervision through a glass wall.

Documents Reviewed

Resident Handbook

Interviews

Resident Interview Questionnaire- Only two of the interviewed residents reported being aware of outside services that deal with sexual abuse. Both residents were not sure if the conversations with outside services would be listed by someone else. One resident further stated that if the situation was serious then it would probably have to be discussed and investigated.

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

115.353 (c). As reported in the PAQ, the agency or facility maintains memoranda of understanding or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility has an MOA with a community-based provider to provide residents with emotional support services. In addition, the facility utilizes the local rape crisis center for community-based counseling and advocacy services.

Documentation Reviewed

MOA-Darcy Maher

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

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

Onsite Inspection: During the onsite inspection it was determined that the residents do not have easy access to telephones. Access to the phones requires the residents to ask staff to dial the number. However, the auditor did observe a resident having a private call; whereas staff could not directly hear the content of the call but could maintain site supervision through a glass wall.

Documentation Reviewed

Resident Handbook

Interviews

Superintendent or Designee – The interviewed superintendent reported that residents are allowed to speak with their legal representation with reasonable access. Residents are allowed to contact attorneys or other legal representation by talking a private room. They speak confidentially over the phone.

Resident Interview Questionnaire – All of the residents reported that the facility allows them to talk with their lawyer. However a majority of the residents felt that staff could overhear their telephone conversations. Several residents also reported that they could privately meet in person in the attorney rooms. All of the residents also reported being allowed to talk to their parents or approved family members. Like the attorneys a majority of the residents felt that the conversations could be overheard by staff.

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

Corrective Action and Conclusion:

115.353 (a). Resident access to outside emotional confidential support services and legal representation. Update resident handbook so that it includes the number to the hotline to report along with addresses to the outside entities to make a report. During the interview process it was determined that the residents had very limited knowledge of the outside victim advocacy services; therefore, it is recommended that the facility place more postings of the addresses, telephone numbers and what services are provided in the common areas of the facility. The facility shall provide pictures showing proof of the postings. The facility provided updates to the handbook and pictures of the postings. No further action is needed.

115.354	Third-party reporting
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 365 358">Documents:</p> <p data-bbox="244 389 592 416">Policy: Sexual Abuse and Assaults</p> <p data-bbox="244 448 558 474">PREA Brochure (Safety 1st)-21</p> <p data-bbox="244 506 320 533">Posters</p> <p data-bbox="244 564 483 591">Findings (By Provision):</p> <p data-bbox="244 622 1481 815">115.354 (a). As reported in the PAQ, the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Policy Sexual Abuse and Assault states that "Juveniles who are victims of sexual abuse have the option to report the incident to any staff member other than an immediate point-of-contact line staff member. a. It is possible for third parties (e.g., residents, staff members, parents) to assist the resident in filing allegations of sexual abuse, assault or harassment even to the point of filing a grievance on behalf of the effected resident" (p. 4).</p> <p data-bbox="244 846 1461 904">Onsite Inspection: During the onsite inspection the auditor reviewed posters and brochures in the lobby/waiting area of the facility.</p> <p data-bbox="244 936 501 963">Documentation Reviewed</p> <p data-bbox="244 994 320 1021">Posters</p> <p data-bbox="244 1052 403 1079">PREA Brochure</p> <p data-bbox="244 1111 1473 1169">A review of the appropriate documentation and relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1200 584 1227">Corrective Action and Conclusion:</p> <p data-bbox="244 1258 1420 1317">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services</p> <p>Staff PREA Refresher Training-8</p> <p>State of Missouri Mandatory Reporting Laws</p> <p>Hotline Call (Report of sexual harassment)</p> <p>PREA Allegations (Investigations)</p> <p>Interviews:</p> <p>Random sample of staff -9</p> <p>Medical and mental health staff - 2</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>115.361 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p>Policy Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services, states that "all non-judicial employees of the Family Court Division, regardless of whether they are a mandated reporter under Section 210.115 RSMO, are obligated to report to the Missouri Child Abuse Hotline registry whenever the employee has reasonable cause to suspect that a resident of any Court facility or a client of service area has been or may be subjected to abuse, including sexual abuse of any kind, physical abuse or neglect. This obligation is in addition to any obligation to report imposed by Missouri law" (p. 3). In addition, the auditor reviewed the Missouri Mandatory reporting laws.</p> <p>It was further reported in the PAQ that the agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. Policy Sexual Abuse and Assault further supports the agency response. The policy states that "any employee who is a witness to or has knowledge of any child abuse or neglect, sexual activity, assault and/or rape or sexual harassment shall be responsible to immediately report it to the Facility Manager or designee" (p. 1).</p> <p>Onsite Inspection: During the onsite inspection it was determined that there were three allegations of sexual harassment in the last 12 months. One of the allegations was reported through the hotline process, however there was no information indicating that the other two allegations were immediately reported, rather than handled through the grievance process.</p> <p>Documentation Reviewed</p> <p>Investigation Report</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that all staff are required to report any knowledge, suspicion or information regarding sexual abuse or sexual harassment. Such reports would be made by notifying the change of command. If the supervisor is involved the report would go to a higher-level staff.</p> <p>Corrective Action: As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure</p>

compliance with reporting and investigation process.

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

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

Policy Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services, states that All non-judicial employees of the Family Court Division, regardless of whether they are a mandated reporter under Section 210.115 RSMO, are obligated to report to the Missouri Child Abuse Hotline registry whenever the employee has reasonable cause to suspect that a resident of any Court facility or a client of service area has been or may be subjected to abuse, including sexual abuse of any kind, physical abuse or neglect. This obligation is in addition to any obligation to report imposed by Missouri law.

Documentation Reviewed

Investigation Report

Corrective Action: PREA Training Overnight Shift

Memo: Overnight Shift PREA Training

Interviews

Random Sample of Staff - The interviewed random sample of staff reported that they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment;

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

The staff reported that they received the training as new hires and annually. The day staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed. Additionally, the day shift staff reported that PREA is discussed during monthly meetings. The night shift staff could not recall if all of the areas of the training was addressed; nor could they articulate discussing PREA in between trainings.

Corrective Action: Need verification of the refresher training that was completed in accordance with the Interagency Memo issued during the onsite/post audit phase. It is further recommended that the facility implement a process to routinely discuss PREA with the night shift consistent with the day shifts. The facility provided a memo stating "effective immediately overnight Detention staff will need to review the following PREA Training videos and sign an acknowledgement of completion. The training needs to be done no later than June 29, 2022, at 2300 hours. Failure to complete these training can lead to corrective action". The facility provided additional staff training. No further action is needed.

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

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

The Sexual Abuse and Assault policy states that "if during the course of the intake process the youth reveals history or present issues of sexual abuse, assault or gender identity issues, the information is to be handled discretely and with the highest degree of professionalism only being disseminated to those staff that have an need to know (e.g., nurse, detention counselor; facility supervisor; superintendent" (p. 4). The policy further states that "the staff member receiving the allegation of sexual assault shall create an incident report. Due to the sensitive nature of human sexual behavior, any staff member receiving a report from a resident regarding sexual abuse, assault or harassment shall not share the information with other staff members unless specifically instructed to do so. All staff members with any knowledge of sexual abuse, assault or harassment of a resident are expected to fully cooperate with any investigation" (p. 6).

Interviews

Random Sample of Staff – The interviewed staff reported that all staff are required to report any knowledge, suspicion or information regarding sexual abuse or sexual harassment. Such reports would be made by notifying the change of command. If the supervisor is involved the report would go to a higher-level staff.

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

115.361 (d). (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Onsite Inspection: During the onsite inspection it was determined that there were three allegations of sexual harassment in the last 12 months. One of the allegations was reported through the hotline process, however there was no information indicating that the other two allegations were immediately reported, rather than handled through the grievance process. The grievance process is handled by the mental health staff.

Documentation Reviewed

Grievances

Investigations

Interviews

Medical and Mental Health Staff - The interviewed mental health staff reported that at the initiation of services to a resident, the limitations of confidentiality and your duty to report is disclosed. It was further reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The medical and mental health staff further reported being aware of such incidents.

Corrective Action: As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. A memo was provided addressing the process of handling a PREA related allegation. During the post audit phase there was an allegation of sexual abuse. The facility conducted the investigation and referred to the outside investigator. The investigation was properly handled. No further action is needed. In addition, the facility has designated a trained investigator.

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

115.361 (e). Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Documentation Reviewed

Grievances

Interviews

Superintendent or Designee – The interviewed superintendent reported that Out of Home Investigations (OHI) is notified of

the allegations. Parents/guardians are notified by the facility to inform of the alleged abuse. Notification of alleged sexual abuse occurs within the same day of notification. When a juvenile court retains jurisdiction over the victim, it would be reported to the juvenile officer.

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

115.361 (f). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The facility did not have a designated investigator; however, one of the three allegations of sexual harassment was reported to the outside investigator.

Documentation Reviewed

Grievances

Investigations

Interviews

Superintendent or Designee – The interviewed superintendent reported that all allegations of sexual abuse and sexual harassment are reported to designated facility investigators.

Corrective Action: As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. In addition, the facility shall designate and train on onsite investigator for administrative investigations. A memo was provided addressing the process of handling a PREA related allegation. During the post audit phase there was an allegation of sexual abuse. The facility conducted the investigation and referred to the outside investigator. The investigation was properly handled. No further action is needed. In addition, the facility has designated a trained investigator.

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

Corrective Action and Conclusion

115.361 (a/d). Staff and agency reporting duties. It is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. A memo was provided addressing the process of handling a PREA related allegation. No further action is needed.

115.361 (b). Need verification of the refresher training that was completed in accordance with the Interagency Memo issued during the onsite/post audit phase. It is further recommended that the facility implement a process to routinely discuss PREA with the night shift consistent with the day shifts. The facility provided a memo stating "effective immediately overnight Detention staff will need to review the following PREA Training videos and sign an acknowledgement of completion. The training needs to be done no later than June 29, 2022, at 2300 hours. Failure to complete these training can lead to corrective action". The facility provided additional staff training. No further action is needed.

115.361 (f). Staff and agency reporting duties. As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. In addition, the facility shall designate and train on onsite investigator for administrative investigations. During the post audit phase there was an allegation of sexual abuse. The facility conducted the investigation and referred to the outside investigator. The investigation was properly handled. No further action is needed. In addition, the facility has designated a trained investigator. No further action is needed.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-audit Questionnaire (PAQ)

Grievance Behavior and Risk Management Plan

Policy: Sexual Abuse and Assault

Behavior and Risk Management Plan

Interviews:

Agency head

Superintendent

Random sample of staff - 9

Findings (By Provision):

115.362 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.

In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.

During the onsite inspection it was determined that there were three allegations of sexual harassment that occurred in the last 12 months. Upon review one of the allegations indicated that a resident felt threatened that another resident was going to sexually assault him. The facility created a safety plan to separate and monitor the involved parties.

Policy Sexual Abuse and Assault states that "any employee who is a witness to or has knowledge of any child abuse or neglect, sexual activity, assault and/or rape or sexual harassment shall be responsible to immediately report it to the Facility Manager or designee" (p. 1).

Documentation Reviewed

Grievance

Behavior and Risk Management Plan

Interviews

Agency Head – The interviewed agency head reported that the facility will move the alleged perpetrator will be moved to another area. If the victim feels safer, they can be reassigned to another area. The perpetrator will not be allowed to be in the same area to maintain confidentiality, safety and security. A report would be created to explain the problem and why the individual is being transferred or placed in a different location to include any limitations necessary to protect the youth. An internal and external investigation would be initiated to determine outcomes. The expectation of responding to protecting residents at substantial risk of imminent sexual abuse is immediate. Staff should remove the resident and report the situation immediately.

Superintendent or Designee – When the facility learns that a resident is a substantial risk of imminent sexual abuse, it is expected that staff will respond immediately.

Random Sample of Staff – The interviewed staff reported that if they learn that a resident is at risk of imminent sexual abuse the actions taken to protect the residents include separating involved parties, change housing, and notify the chain of command. The staff reported that they would act immediately.

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

Corrective Action and Conclusion:

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

115.363	Reporting to other confinement facilities
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 365 358">Documents:</p> <p data-bbox="244 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 587 474">Policy: Sexual Abuse and Assault</p> <p data-bbox="244 506 352 533">Interviews:</p> <p data-bbox="244 564 376 591">Agency head</p> <p data-bbox="244 622 399 649">Superintendent</p> <p data-bbox="244 680 1477 770">115.363 (a). As reported in the PAQ the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p data-bbox="244 801 1457 864">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p data-bbox="244 896 1490 1052">Policy Sexual Abuse and Assault states that "youth may report sexual abuse, assault or harassment from another placement. The staff member receiving such a report shall inform the Facility Manager, Counselor, Assistant Superintendent and the Superintendent via incident report or email. There should be no delay in reporting the incident and at no time should any delay in reporting exceed 72 hours. a. The report shall contain the youth's name, allegations, name and location of the facility and name of the perpetrator of the alleged action" (p. 10).</p> <p data-bbox="244 1084 1469 1146">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1178 1490 1370">115.363 (b). As reported in the PAQ, agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy Sexual Abuse and Assault states that "youth may report sexual abuse, assault or harassment from another placement. The staff member receiving such a report shall inform the Facility Manager, Counselor, Assistant Superintendent and the Superintendent via incident report or email. There should be no delay in reporting the incident and at no time should any delay in reporting exceed 72 hours. a. The report shall contain the youth's name, allegations, name and location of the facility and name of the perpetrator of the alleged action" (p. 10).</p> <p data-bbox="244 1402 1469 1464">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1496 1490 1688">115.363 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy Sexual Abuse and Assault states that "youth may report sexual abuse, assault or harassment from another placement. The staff member receiving such a report shall inform the Facility Manager, Counselor, Assistant Superintendent and the Superintendent via incident report or email. There should be no delay in reporting the incident and at no time should any delay in reporting exceed 72 hours. a. The report shall contain the youth's name, allegations, name and location of the facility and name of the perpetrator of the alleged action" (p. 10).</p> <p data-bbox="244 1720 1485 1809">115.363 (d). As reported in the PAQ, the agency or facility requires that all allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="244 1841 347 1868">Interviews</p> <p data-bbox="244 1899 1477 2056">Agency Head -The interviewed agency head reported that facility will receive notifications that the allegations are investigated. The youth and staff will be interviewed and notified in regard to the allegations; a hotline will be reported; the parent/guardian will be notified and a serious incident report will be completed to inform and update executive administrator. The reports are initiated through the hotline, create a Serious Incident Report of allegations, and speak to the resident involved.</p> <p data-bbox="244 2087 1490 2150">Superintendent or Designee – The interviewed superintendent reported that if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility DYS is notified of an incident</p>

of sexual abuse or sexual harassment occurred in your facility. It was further reported that the facility has not had any such allegations.

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

Corrective Action and Conclusion

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

115.364	Staff first responder duties
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 365 358">Documents:</p> <p data-bbox="244 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 585 474">Policy: Crime Scene Preservation</p> <p data-bbox="244 506 587 533">Policy: Sexual Abuse and Assault</p> <p data-bbox="244 564 352 591">Interviews:</p> <p data-bbox="244 622 984 649">Random sample of staff/Security and non-security staff first responders - 9</p> <p data-bbox="244 680 464 707">Findings by Provision:</p> <p data-bbox="244 739 1474 797">115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="244 828 1410 887">In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.</p> <p data-bbox="244 918 1477 1012">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.</p> <p data-bbox="244 1043 1490 1169">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.</p> <p data-bbox="244 1200 1477 1326">Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.</p> <p data-bbox="244 1357 1490 1554">Policy Crime Scene Preservation states that "it is the Protocol of Detention that the conditions present at the scene of a crime (including but not limited to the scene of a death, sexual assault, rape, aggravated battery, escape, or any aggravated felony) will be preserved to the highest degree possible. The scene will be secured to present unauthorized access by any person, removal of evidence, or contamination of the crime scene in any manner. The exceptions to the above are: 1. Removal of evidence if the evidence presents an imminent danger 2. Movement of the evidence is necessary to preserve it 3. Removal is necessary to provide emergency response to persons on the scene" (p. 1).</p> <p data-bbox="244 1585 1482 1680">Additionally, the Sexual Abuse and Assault policy states that "the Shift Supervisor or Facility Supervisor shall assure that the alleged victim and aggressor are physically separated. A report shall be made to the Superintendent or designee to confirm the separation of the victim from his or her assailant" (p. 6).</p> <p data-bbox="244 1711 1490 1939">It was further reported in the PAQ that the policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Policy Sexual Abuse and Assault states that "the alleged victim shall be advised by the employee receiving the report and/or the Shift Supervisor to not shower or otherwise clean themselves, or if the assault was oral, to not drink or brush their teeth, or otherwise take any action that could damage or destroy evidence" (p. 6).</p> <p data-bbox="244 1971 1490 2128">The Crime Scene Preservation Policy states that "it is important to preserve potentially valuable physical evidence prior to the hospital examination. Staff shall convey to the resident that such evidence can inadvertently be destroyed by activities, such as washing showering, brushing teeth, using mouthwash, smoking, eating, drinking, douching, urinating, or defecating. 1. The same evidence protections shall be observed of the alleged abuser, if known, and if the abuse occurred in a time frame that allows for the collection of evidence" (p. 4).</p>

Interviews

Security Staff First Responders - The interviewed staff reported that if they are the first person to be alerted that a resident has been an alleged victim of sexual abuse their responsibility would be to report to the supervisor, separate involved parties, secure the area, and make sure the victim is ok. When the staff were asked who they would not share the information with, the answers varied to other residents and/or unnecessary staff.

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

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

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

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

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

Policy Crime Scene Preservation states that "one of the first responsibilities at a potential crime scene is to prevent the destruction or the contamination of evidence. The ranking officer must initiate security measures to prevent unauthorized persons from entering the crime scene or the immediate area. No one should touch, move, or pick up objects, or disturb in any manner, any article, mark, or impression that may have been made by the perpetrator, unless it presents a danger or movement of the item is necessary to preserve it. Document any changes made to the crime scene. Prevent others from altering or contaminating the area. Maintain rigid security until all measurements have been made and the crime scene has been sketched or photographed or secured" (p. 2).

Interviews

Random Sample of Staff /Security Staff and Non-Security Staff First Responders – The interviewed staff reported that if they are the first person to be alerted that a resident has been an alleged victim of sexual abuse their responsibility would be to report to the supervisor, separate involved parties, secure the area, and make sure the victim is ok. When the staff were asked who they would not share the information with, the answers varied to other residents and/or unnecessary staff.

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

Corrective Action and Conclusion

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Emergency Management</p> <p>Facility Institutional Plan</p> <p>Interviews:</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Policy Emergency Management provides guidance on the written institutional plan.</p> <p>Documentation Reviewed</p> <p>Facility Institutional Plan</p> <p>Interviews</p> <p>Superintendent or Designee – The interviewed superintendent reported that in response to an incident of sexual abuse the facility's plan to coordinate actions among staff first responders are to separate the alleged person from the victim and begin to generate documentation of alleged actions. Medical and mental health professionals are notified to conduct assessments of possible injury and/or trauma. Investigators would conduct a series of questions to gain information of details surrounding alleged incident. Facility leadership would review all information given, review serious incident report and ensure all reports have been reported to the appropriate office.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency head</p> <p>Findings (By Provision):</p> <p>115.366 (a). N/A-As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that they have an MOU with Out of Home investigations to conduct the investigations.</p> <p>115.366 (b). Auditor is not required to audit this provision.</p> <p>Corrective Action and Conclusion</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Policy: Safety - Special Management Housing</p> <p>Monitoring for Retaliation Form</p> <p>Interviews:</p> <p>Agency head</p> <p>Superintendent</p> <p>Designated staff member charged with monitoring retaliation</p> <p>Findings (By Provision):</p> <p>115.367 (a). As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p>Policy: The Sexual Abuse and Assault states that "any employee or youth of the Family Court is prohibited from retaliating against other employees or youth for reporting allegations of sexual activity/assault. Employees and/or youth who are found to have violated this prohibition shall be subject to disciplinary action" (p. 2)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.367 (b). The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that residents are protected from retaliation from the abuser by reassigning housing, provide advocacy and/or medical services as needed. The staff member identified as the abuser will be removed from the organization</p> <p>Superintendent or Designee – The interviewed superintendent reported that the different measures the facility would take to protect residents and staff from retaliation would be to move a resident a different housing unit. A staff member could be moved or transferred to a different department. For residents and staff emotional support services would be provided.</p> <p>Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - The interviewed staff reported that the role played is delegating staff members to observe and ensure all parties are not being treated unfair, being provided with unrequired isolation. The staff reported that they would speak with residents and staff to discuss how they feel since the investigation. Resident could be moved to a different unit or staff transferred to a different department. Residents and staff would be provided with emotional support services to offer counseling. The different measures taken to protect residents and staff from retaliation is observed for at least 90 days. Observation would be delegated to staff members to ensure no forms or retaliation is perceived. Several conversations would be conducted to question their perception of treatment. They would be looking for unfair treatment and/or possible unreasonable isolation. Contact would be initiated through conversation. The conversation can be general to simply make sure the resident is feeling safe. The ensure the resident understands they will also provide emotional support and counseling services.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

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

Policy: The Special Management Housing, states that "the review committee shall convene within 48 hours of notification of the safety concerns and provide a decision/resolution to the grievance condition within five (5) days" (p. 3). The Sexual Abuse and Assault states that "administration along with the PREA Coordinator will track and document any forms of retaliation against any employees or youth for 90 after report of sexual abuse/assault or harassment" (p. 2)

Interviews

Superintendent or Designee - The interviewed superintendent reported that disciplinary sanctions include due process, additional charge, or transfer to another facility. The sanction is equal in nature and circumstances. This is determined through due process. Mental disability or mental illness is considered while proceeding in the due process to determine appropriate sanctions for the alleged action. Isolation is not used as a disciplinary sanction. Isolation can be utilized during the investigation period of the first 72 hours.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for possible retaliation, they would look for unfair treatment, residents being put in unwarranted isolation for an extended period. The staff reported that they would monitor incidents/disciplinary reports to ensure appropriate sanctions are being implemented. The team and I monitor changes in housing to ensure the reasoning for the change is appropriate and to determine elements surrounding the move is warranted. The staff would monitor performance reviews of staff to ensure the appointed direction is being conducted. Through monitoring, open discussion of the staffs perception of their performance. The staff would conduct periodic status checks for staff to look for problem areas in performance and train accordingly. The monitoring process can be done up to 90 days of all persons reported or where residents who have suffered sexual abuse. The maximum length of time to monitor conduct and treatment up to but not limited to 90 days.

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

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - The interviewed staff charged with monitoring for retaliation stated that when looking at signs for possible retaliation, they would look for unfair treatment, residents being put in unwarranted isolation for an extended period. The staff reported that they would monitor incidents/disciplinary reports to ensure appropriate sanctions are being implemented. The team and I monitor changes in housing to ensure the reasoning for the change is appropriate and to determine elements surrounding the move is warranted. The staff would monitor performance reviews of staff to ensure the appointed direction is being conducted. Through monitoring, open discussion of the staffs perception of their performance. The staff would conduct periodic status checks for staff to look for problem areas in performance and train accordingly.

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

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

Interviews

Agency Head – The interviewed agency head reported that the facility would monitor all parties closely to ensure protection; willing to reassign staff or transfer to another department. The retaliation form will be utilized.

Superintendent or Designee - The interviewed superintendent reported that measures taken when retaliation is suspected are continuous observation for at least 90 days. Observation would be delegated to staff to ensure no forms of retaliation is happening. A conversation with resident and/or staff to question how they are doing and if any unequal treatment and/or isolation has been occurring. The different measures the facility would take to protect residents and staff from retaliation would be to move a resident to a different housing unit. A staff member could be moved or transferred to a different department. For residents and staff emotional support services would be provided.

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

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

Corrective Action and Conclusion

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Safety - Special Management Housing

Interviews:

Superintendent

Medical and mental health staff - 2

Findings (By Provision):

115.368 (a). As reported in the PAQ, the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. It was further reported that the facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.

The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0

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

The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0

From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the resident's safety, and • The reason or reasons why alternative means of separation cannot be arranged: 0

Policy: The Special Management Housing policy states that "the review committee shall convene within 48 hours of notification of the safety concerns and provide a decision/resolution to the grievance condition within five (5) days" (p. 3). The Sexual Abuse and Assault policy states that:

If during the course of the intake process the youth reveals history or present issues of sexual abuse, assault or gender identity issues, the information is to be handled discretely and with the highest degree of professionalism only being disseminated to those staff that have an need to know (e.g., nurse, detention counselor; facility supervisor; superintendent).
a. All residents should enjoy freedom from any form of sexual abuse, assault or harassment. To this end, unless the resident makes a special request to be segregated from the rest of the population, the youth will be assigned to one of three team areas. b. However, there may be conditions that warrant the separation of a youth from the other youth in the facility (e.g., there is an active and real threat to the child's safety). Segregating a resident from others should only be used as a last resort and only when other measures of ensuring the child's safety are exhausted. Please see Special Management Housing protocol for guidance. 1) In the event the youth is in special management housing, they shall be afforded the same access to large muscle, recreation and educational opportunities as all other youth (p. 4).

Interviews

Superintendent or Designee – The interviewed superintendent reported that there have been no circumstances where isolation was used to protect a resident who has alleged to have suffered sexual abuse. Residents are only isolated from others as a last resort and until less restrictive measures can be arranged. Ordinarily residents are placed in isolation up to 22 hours or less.

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that residents in isolation would continue to get medical and mental health services on a daily basis.

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

Corrective Action and Conclusion

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

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Abuse and Neglect Reporting</p> <p>Policy: Sexual Abuse and Assault</p> <p>Memo: Missouri Department of Social Services (dated February 16, 2022)</p> <p>Investigation Referral/Allegations</p> <p>NIC Specialized Training for Investigations</p> <p>Facility Incident Report (blank)</p> <p>Hotline Investigation Report</p> <p>PREA Post Investigation notification</p> <p>PREA retaliation monitoring</p> <p>Serious incident report.</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA coordinator</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.</p> <p>The PAQ further reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Policy: The Abuse and Neglect Reporting policy states that "when any mandated reported has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect to include any sexual abuse, assault or harassment or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report or cause a report to be made to the Missouri Department of Social Service Hotline Number. 1. Within the State of Missouri: 1-800-392-3738 2. Outside the State of Missouri: 1-573-751-3448" (p. 1).</p> <p>Policy: The Sexual Assault and Abuse policy states that "The agency shall ensure that data collected pursuant to§ 115.387 are securely retained" (p. 9).</p> <p>A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".</p> <p>During the onsite inspection it was determined that there were three allegations of sexual harassment during the last 12 months. One of the allegations was reported to the Child Abuse Hotline; however, the hotline staff declined to investigate. Two of the sexual harassment allegations were reported through the grievance process and there is no indication that the</p>

cases were investigated. The auditor discussed with the facility leadership the need to have a process where at least the administrative component of the investigation is addressed by an onsite staff. During the post audit phase there was an allegation of sexual abuse. The facility conducted the investigation and referred to the outside investigator. The investigation was properly handled. No further action is needed. In addition, the facility has designated a trained investigator.

Documentation Reviewed

Investigation Referral/Reports

NIC Specialized Training for Investigations

Facility Incident Report (blank)

Interviews

Investigative Staff: The interviewed agency investigator reported that the internal investigations will staff immediately by securing evidence and reviewing camera footage. In addition, we will contact and report to the hotline. We would begin interviewing the residents who are alleged to be involved in the situation; and then conduct the search for evidence and review for potential camera footage.

The interviewed outside agency investigative staff reported that the upon the allegation being reported the investigators have a three-hour emergency and a 24-hour response time to investigation an allegation of sexual abuse. The sexual harassment allegations are handled the same as any other report. Children's Division will still accept the reports through the hotline and OHI will respond to the calls.

Corrective Action: As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. In addition, the facility shall designate and train on onsite investigator for administrative investigations. During the post audit phase there was an allegation of sexual abuse. The facility conducted the investigation and referred to the outside investigator. The investigation was properly handled. No further action is needed. In addition, the facility has designated a trained investigator. The facility created the following forms to be used in the future in responding to PREA related allegations: Facility Incident Report, Hotline Investigation Report, PREA Post Investigation notification, PREA retaliation monitoring, and serious incident report.

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

115.371 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Per the PAQ, the facility reported having zero staff who are trained investigators. The facility does not have a trained investigator to complete the administrative portion of the investigation process. It is recommended by the auditor that a staff member is identified and that they complete the specialized training for investigations offered by NIC.

Documentation Reviewed

NIC Specialized Training for Investigations

Interviews

Investigative Staff: The interviewed agency investigator reported that they have received investigation training from the court and will take the specialized training for investigative staff. The court training went over how to conduct investigations, secure evidence, review video footage, and conducting interviews of staff and residents. The previous PREA manager was trained on conducting investigations.

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

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

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

Corrective Action: The facility shall designate and train on onsite investigator for administrative investigations. The facility designated a staff that completed the required specialized training. No further action is needed.

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

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

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

Documentation Reviewed

Investigative Referral/Allegations

NIC Specialized Training for Investigations

Interviews

Investigative Staff: The interviewed agency investigator reported that the first step in the process would be to immediately separate the residents; and then we would begin to see if there is evidence and preserve the crime scene. After we reviewed camera footage, we would interview involved parties. The agency investigators would be responsible for securing any physical evidence and surveillance footage.

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

Corrective Action: To ensure that the administrative component of the investigation is addressed, it is recommended by the auditor that a staff member is identified and that they complete the specialized training for investigations offered by NIC. The facility designated a staff that completed the required specialized training. No further action is needed.

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

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

Interviews

Investigative Staff: The interviewed agency investigator reported that the investigation would continue even if the alleged recanted their statement.

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

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

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

Documentation Reviewed

Investigative Referral

Interviews

Investigative Staff: The interviewed agency investigator reported that they would contact law enforcement and get the police report to file with the prosecutor.

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

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

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

Interviews

Investigative Staff: The interviewed agency investigator reported that all allegations would be interviewed no matter the credibility of the person.

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

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

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

Documentation Reviewed

Investigative Referral/Allegations

NIC Specialized Training for Investigations

Interviews

Investigative Staff: The interviewed agency investigator reported that the agency would review staff actions and if their actions proves that a failure is what caused sexual abuse, we will proceed with disciplinary action which may include termination. The administrative investigation reports would be documented.

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

Corrective Action: The facility shall designate and train on onsite investigator for administrative investigations. The facility designated a staff that completed the required specialized training. No further action is needed.

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

115.371 (h). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".

Investigative Staff: The interviewed agency investigator reported that they do not conduct criminal investigations, and those local authorities would complete the criminal investigation.

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

Interviews

Investigative Referral/Allegations

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

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

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

Interviews

Investigative Staff: The interviewed agency investigator reported that the allegations would be referred for investigation if the outside investigator said it should be referred. If they have clear evidence that a crime has been committed, law enforcement would be involved immediately.

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

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

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

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

Interviews

Investigative Staff: The interviewed agency investigator reported that the case would continue however turned over to the judicial system to respond.

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

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

115.371 (l). Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".

115.371 (m). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".

Interviews

Superintendent or Designee – The interviewed superintendent reported that if an outside agency investigates allegations of sexual abuse, ask: How does the facility remain informed of the progress of a sexual abuse investigation the facility is notified approximately 90 days of the sexual abuse.

PREA Coordinator - The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, we stay informed at the conclusion of the investigation. We will assist as directed by the investigation. The OHI will complete the investigator along with the police involved.

Investigative Staff – The interviewed agency investigator reported that we would ensure that the investigator had everything that they needed.

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

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

Corrective Action and Conclusion

115.371 (a). As a corrective action, it is recommended that the facility leadership issue a directive to ensure that sexual abuse and sexual harassment allegations are not handled through the grievance process but are instantly referred for investigation. To show compliance, the auditor will review any PREA related allegations over the next three months to ensure compliance with reporting and investigation process. In addition, the facility shall designate and train on onsite investigator for administrative investigations. The grievance memo and the trained investigator was completed. During the post audit phase there was an allegation of sexual abuse. The investigation was properly handled. No further action is needed. In addition, the facility has designated a trained investigator.

115.371 (a/b/c/g). The facility does not have a trained investigator to complete the administrative portion of the investigation process. It is recommended by the auditor that a staff member is identified and that they complete the specialized training for investigations offered by NIC. The facility designated a staff to complete the required specialized training.

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 363 358">Documents:</p> <p data-bbox="244 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 304 474">Policy</p> <p data-bbox="244 506 979 533">Memo: Missouri Department of Social Services (dated February 16, 2022)</p> <p data-bbox="244 564 668 591">NIC Specialized Training for Investigations</p> <p data-bbox="244 622 352 649">Interviews:</p> <p data-bbox="244 680 422 707">Investigative Staff</p> <p data-bbox="244 739 483 766">Findings (By Provision):</p> <p data-bbox="244 797 1490 1016">115.372 (a). The facility reported in the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services".</p> <p data-bbox="244 1048 501 1075">Documentation Reviewed</p> <p data-bbox="244 1106 979 1133">Memo: Missouri Department of Social Services (dated February 16, 2022)</p> <p data-bbox="244 1164 668 1191">NIC Specialized Training for Investigations</p> <p data-bbox="244 1223 347 1249">Interviews</p> <p data-bbox="244 1281 1469 1339">Investigative Staff: The interviewed agency investigator reported that we do not substantiate allegations of sexual abuse or sexual harassment; that would occur with the outside agency investigator.</p> <p data-bbox="244 1370 1402 1429">The interviewed outside agency investigative staff reported that the Children's Division OHI's standard of evidence is preponderance of evidence.</p> <p data-bbox="244 1460 1453 1554">Corrective Action: The facility shall designate and train on onsite investigator for administrative investigations. The facility designated a staff member to complete the NIC training, to properly handle investigating allegations of sexual abuse or sexual harassment.</p> <p data-bbox="244 1585 577 1612">Corrective Action and Conclusion</p> <p data-bbox="244 1644 1426 1738">115.372 (a). The facility shall designate and train on onsite investigator for administrative investigations. The facility designated a staff member to complete the NIC training, to properly handle investigating allegations of sexual abuse or sexual harassment.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>16th Circuit/PREA POST Investigation Resident Notification</p> <p>Investigative Referral</p> <p>PREA Post Notification Form (blank)</p> <p>Notification (2)</p> <p>Interviews:</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>115.373 (a). As reported in the PAQ, the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0</p> <p>Policy Sexual Abuse and Assault states that "at the conclusion of any sexual abuse, assault or harassment investigation, the resident making the allegation shall be informed of the outcome of substantiated, unsubstantiated or unfounded. a. If the investigation was conducted by an outside agency the center's management will request the conclusion from the investigating agency so the resident may be informed" (p. 10).</p> <p>Documentation Reviewed</p> <p>Investigative Referral</p> <p>Notification (2)</p> <p>PREA Post Notification Form (blank)</p> <p>Interviews</p> <p>Superintendent or Designee – The interviewed superintendent reported that the facility does notify a resident of substantiated, unsubstantiated, or unfounded allegations of sexual abuse.</p> <p>During the corrective action phase, there was an allegation of sexual abuse. The facility conducted the investigation and documented notification. The auditor recommended that the facility create a notification form, so that it is transparent that the resident received the notification and signed acknowledging receipt. The facility created a Post allegation notification form.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.373 (b). As reported in the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0</p> <p>Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of</p>

residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Documentation Reviewed

Investigative Referral

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

115.373 (c). The facility reported in the PAQ that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

According to the Sexual Abuse and Assault policy "if the sexual abuse, assault or harassment investigation of a staff member(s) is substantiated the resident shall be informed: a. That the staff member(s) alleged to have committed the sexual abuse, assault or harassment shall not be assigned to the unit the resident occupies, b. That the staff member(s) alleged to have committed the crime is no longer employed with the agency, c. That the resident shall be informed of any indictments regarding allegations of sexual abuse, assault or harassment against the accused staff member(s), d. That the resident shall be informed if the agency learns that if the accused staff member(s) have been convicted of sexual abuse, assault or harassment. 1) The same conditions above shall apply to residents that have been accused of sexual abuse, assault or harassment of another resident" (p. 11).

There has been zero substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. The facility has a form (16th Circuit/PREA POST Investigation Resident Notification) to document victim notification.

Documentation Reviewed

16th Circuit/PREA POST Investigation Resident Notification

Interviews

Resident who Reported a Sexual Abuse - Q:22

115.373 (d). The facility reported in the PAQ that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy Sexual Abuse and Assault reports that if the sexual abuse, assault or harassment investigation of a staff member(s) is substantiated the resident shall be informed: a. That the staff member(s) alleged to have committed the sexual abuse, assault or harassment shall not be assigned to the unit the resident occupies, b. That the staff member(s) alleged to have committed the crime is no longer employed with the agency, c. That the resident shall be informed of any indictments regarding allegations of sexual abuse, assault or harassment against the accused staff member(s), d. That the resident shall be informed if the agency learns that if the accused staff member(s) have been convicted of sexual abuse, assault or harassment. 1) The same conditions above shall apply to residents that have been accused of sexual abuse, assault or harassment of another resident" (p. 11).

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

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

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

Policy Sexual Abuse and Assault reports that if the sexual abuse, assault or harassment investigation of a staff member(s) is substantiated the resident shall be informed: a. That the staff member(s) alleged to have committed the sexual abuse, assault or harassment shall not be assigned to the unit the resident occupies, b. That the staff member(s) alleged to have committed the crime is no longer employed with the agency, c. That the resident shall be informed of any indictments regarding allegations of sexual abuse, assault or harassment against the accused staff member(s), d. That the resident shall be informed if the agency learns that if the accused staff member(s) have been convicted of sexual abuse, assault or harassment. 1) The same conditions above shall apply to residents that have been accused of sexual abuse, assault or

harassment of another resident" (p. 11).

The facility has a form (16th Circuit/PREA POST Investigation Resident Notification) to document victim notification.

Documentation Reviewed

16th Circuit/PREA POST Investigation Resident Notification

Interviews

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

Corrective Action and Conclusion

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy- Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services</p> <p>Findings (By Provision):</p> <p>115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Policy Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services, states that “employees that violate Family Court sexual abuse and/or sexual harassment policies, including but not limited to violation of this policy, shall be subject to disciplinary sanctions, up to and including termination. Termination shall be the presumptive disciplinary sanction for employees who are found to have engaged in sexual abuse of any client of the Family Court including any minor child who is a client of any service area of the Family Court” (p. 3).</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.376 (b). The facility reported in the PAQ that there was zero staff that violated the agency's sexual abuse or sexual harassment policies in the past 12 months. Additionally in the past 12 months there have been zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (c). According to the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were zero disciplinary sanctions imposed during the 12-month reporting period that would apply to this standard provision. Policy Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services states that “employees that violate Family Court sexual abuse and/or sexual harassment policies, including but not limited to violation of this policy, shall be subject to disciplinary sanctions, up to and including termination. Termination shall be the presumptive disciplinary sanction for employees who are found to have engaged in sexual abuse of any client of the Family Court including any minor child who is a client of any service area of the Family Court” (p. 3).</p> <p>115.376 (d). According to the PAQ, All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. There have been zero staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy Compliance with the Prison Rape Elimination Act Provisions and Establishment of Zero Tolerance for Sexual Abuse/Sexual Harassment for Juveniles and Persons who are Clients of the Family Division Programs and Services states that “employees that violate Family Court sexual abuse and/or sexual harassment policies, including but not limited to violation of this policy, shall be subject to disciplinary sanctions, up to and including termination. Termination shall be the presumptive disciplinary sanction for employees who are found to have engaged in sexual abuse of any client of the Family Court including any minor child who is a client of any service area of the Family Court” (p. 3).</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Abuse and Neglect Reporting</p> <p>Interviews:</p> <p>Superintendent</p> <p>Findings (By Provision):</p> <p>115.377 (a). As reported in the PAQ, there have been zero volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p>Policy Abuse and Neglect Reporting states that "If the reporting event is a sexual abuse, assault or harassment allegation in addition to the mandated hot line report, law enforcement must be contacted. a. Until the resolution of any allegation of sexual abuse, assault or harassment the contractor or volunteer shall not have any contact with the residents" (p. 3).</p> <p>115.377 (b). As reported in the PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy Abuse and Neglect Reporting states that "if the reporting event is a sexual abuse, assault or harassment allegation in addition to the mandated hot line report, law enforcement must be contacted. a. Until the resolution of any allegation of sexual abuse, assault or harassment the contractor or volunteer shall not have any contact with the residents" (p. 3).</p> <p>Interviews</p> <p>Superintendent or Designee – The interviewed superintendent reported that in the case of any violation of the agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes remedial measures and prohibits further contact with the residents. We have a zero tolerance for sexual harassment and sexual abuse. The contractor or volunteer would be terminated and could no longer work within the organization. Potentially criminal action would be initiated.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 365 358">Documents:</p> <p data-bbox="244 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 600 474">Policy: Youth- Disciplinary Process</p> <p data-bbox="244 506 707 533">Policy: Safety - Special Management Housing</p> <p data-bbox="244 564 587 591">Policy: Sexual Abuse and Assault</p> <p data-bbox="244 622 443 649">Resident Handbook</p> <p data-bbox="244 680 651 707">Investigation Report/Disciplinary Hearing</p> <p data-bbox="244 739 352 766">Interviews:</p> <p data-bbox="244 797 399 824">Superintendent</p> <p data-bbox="244 855 588 882">Medical and mental health staff - 2</p> <p data-bbox="244 913 483 940">Findings (By Provision):</p> <p data-bbox="244 972 1469 1088">115.378 (a). As reported in the PAQ, there were no reported residents subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p data-bbox="244 1120 1485 1178">In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p data-bbox="244 1209 1481 1370">Policy Disciplinary Process, states that, "if a youth commits an act covered by criminal law, a Serious Incident Report Form will be written and forwarded to the Screening Officer for consideration by the Legal Unit to press charges. A disciplinary report will also be written but will not be forwarded to the Screening Officer. Disciplinary action for criminal offenses (e.g., sexual abuse, assault and harassment) committed while a resident is in detention will be suspended until information can be developed from the legal unit if they will pursue additional criminal charges" (p. 3).</p> <p data-bbox="244 1402 501 1429">Documentation Reviewed</p> <p data-bbox="244 1460 651 1487">Investigation Report/Disciplinary Hearing</p> <p data-bbox="244 1518 1461 1576">During the post audit phase there was an allegation of sexual abuse investigated. The resident perpetrator was disciplined through the facility disciplinary review process.</p> <p data-bbox="244 1608 1469 1666">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted</p> <p data-bbox="244 1697 1469 1792">115.378 (b). Per the PAQ, there were zero residents in the past 12 months placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0</p> <p data-bbox="244 1823 1465 1917">In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0</p> <p data-bbox="244 1948 1461 2007">In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0</p> <p data-bbox="244 2038 1493 2159">As previously stated, Policy Special Management Housing, states that, "should the youth in protective custody be confined in a room, they will be monitored at least every 15 minutes and the checks shall be documented on a room confinement form. a. Room confinement forms are completed on every shift and placed in the room confinement bin in the Shift Supervisors office" (p. 4).</p>

It was also reported in the PAQ that 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. Policy Special Management Housing states that "youth identified as in need of protective custody conditions will experience all the regular programming that the center offers (e.g., school, leisure, gym, visitation, phone calls, sick call, etc.) but may experience different movement patterns than those in general population" (p. 3).

Interviews

Superintendent or Designee – The interviewed superintendent reported that disciplinary sanctions due process, and possible transferring a resident to a different facility if a resident is engaged in resident-on-resident sexual abuse. The sanction is equal to the nature and circumstances. This is determined through the due process system. Mental disability or mental illness is considered while proceeding in the due process to determine appropriate sanctions for the alleged action. Isolation is not used as a disciplinary sanction. Isolation can be utilized during the investigation period of the first 72 hours.

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

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

Interviews

Superintendent or Designee – The interviewed superintendent reported that disciplinary sanctions due process, and possible transferring a resident to a different facility if a resident is engaged in resident-on-resident sexual abuse. The sanction is equal to the nature and circumstances. This is determined through the due process system. Mental disability or mental illness is considered while proceeding in the due process to determine appropriate sanctions for the alleged action. Isolation is not used as a disciplinary sanction. Isolation can be utilized during the investigation period of the first 72 hours.

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

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

Interviews

Medical and Mental Health Staff - The interviewed mental health staff reported that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to an offending resident. When the services are provided, we do not require a resident's participation as a condition of access to any rewards-based behavior management system and programming education. It was further reported that residents are kept informed of what is going on, but as mandated reporters' sexual victimization of a minor must be reported to a child protective service.

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

115.378 (f). As reported in the PAQ, the facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Resident Handbook provides guidance to the resident on allegations being made in good faith (p. 5).

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

Policy Sexual Abuse and Assault states that "youth to youth sexual activity, sexual assault, rape, sexual conduct and sexual contact as defined in this protocol is prohibited" (p.1).

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

Corrective Action and Conclusion:

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

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)</p> <p>Trauma Informed Individualized Safety Plan (30)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Policy: POST ORDER-Nurse Responsibilities</p> <p>Policy: Abuse and Neglect Reporting</p> <p>Interviews:</p> <p>Staff responsible for Risk Screening</p> <p>Medical and mental health staff – 2</p> <p>Residents who reported a prior history of sexual abuse-3</p> <p>Findings (By Provision):</p> <p>115.381 (a). As reported in the PAQ, residents at the facility who disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health practitioner. The facility reported in the PAQ, that one hundred percent of the residents who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Policy Sexual Abuse and Assault states that “if the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening” (p. 4).</p> <p>Policy Nurses Responsibility further states that “A health care record will be maintained on each juvenile by the facility nurse. The record will contain the following: a. The completed initial screening form b. Health appraisal data forms c. All findings, diagnoses, treatments, and dispositions d. Prescribed medications and their administration (when appropriate) e. Laboratory, x-ray, and diagnostic studies (when appropriate) f. Consent and refusal forms (when appropriate) g. Release of information forms (when appropriate) h. Place, date, and time of health encounters (with appropriate signatures) 1. Health service reports J. Treatment plan k. Behavioral Management Plans (when appropriate) 1. Progress reports m. Discharge summary of hospitalization and other termination summaries (when appropriate). (p. 5).</p> <p>In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0</p> <p>Upon review of the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35), there were four residents who reported a prior history of sexual victimization. The intake tool reported n/for the follow up meeting with a medical or mental health practitioner.</p> <p>During the post audit phase, the facility provided additional screening tools of residents. The facility provided documentation where residents were offered follow up services with the onsite mental health staff. The process was handled in accordance with the standard/policy. No further action is needed.</p> <p>Documentation Reviewed</p> <p>Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)</p> <p>Trauma Informed Individualized Safety Plan (30)</p> <p>Interviews</p> <p>Residents who Disclose Sexual Victimization at Risk Screening -Only one the interviewed residents who reported a prior history of sexual victimization during the risk screening reported being offered any follow up services that deal with sexual</p>

abuse. The resident further reported that the facility staff was aware of their prior history of sexual abuse, due to a prior placement at the facility. One resident stated that they were not offered services, however they were sent for a forensic interview.

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow-up meeting with a medical and/or medical health practitioner. The follow up meetings are offered within 14 days and are recorded on the Vulnerability Assessment Instrument from the Resident's intake. I typically meet with the Resident within 48 hours of receiving their disclosure.

Corrective Action: While all youth receive a follow up meeting for a trauma-informed Individualized Safety Plan, the facility should complete its intake assessment form to show the follow up with mental health services. The facility shall show proof of the completion of the form and follow up with mental health documentation on the form. The facility shall show proof by providing the auditor with completed assessment forms for 60 days.

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

115.381 (b). As indicated in the PAQ, one hundred percent of residents who disclosed prior perpetration of sexual abuse during screening are offered a follow up meeting with a mental health practitioner. In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 0.

Policy Sexual Abuse and Assault states that "If the screening indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening" (p. 4).

Upon review of the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35), there was one resident who reported a prior history of sexual perpetration. The intake tool reported n/for the follow up meeting with a medical or mental health practitioner.

Documentation Reviewed

Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (35)

Trauma Informed Individualized Safety Plan (30)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident perpetrated prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow-up meeting with a medical and/or medical health practitioner. The follow up meetings are offered within 14 days and are recorded on the Vulnerability Assessment Instrument from the Resident's intake. I typically meet with the Resident within 48 hours of receiving their disclosure.

Corrective Action: While all youth receive a follow up meeting for a trauma-informed Individualized Safety Plan, the facility should complete its intake assessment form to show the follow up with mental health services. The facility shall show proof of the completion of the form and follow up with mental health documentation on the form. The facility shall show proof by providing the auditor with completed assessment forms for 60 days. During the post audit phase, the facility provided additional screening tools of residents. The facility provided documentation where residents were offered follow up services with the onsite mental health staff. The process was handled in accordance with the standard/policy. No further action is needed.

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

115.381 (c). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. 5. Policy Sexual Abuse and Assault states that "iff during the course of the intake process the youth reveals history or present issues of sexual abuse, assault or gender identity issues, the information is to be handled discretely and with the highest degree of professionalism only being disseminated to those staff that have a need to know (e.g., nurse, detention counselor; facility supervisor; superintendent)" (p. 2).

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

115.381 (d). As reported in the PAQ, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. The facility has a form 18+ Consent Reporting Form to obtain informed consent of residents 18 or older.

Policy Abuse and Neglect Reporting states that "when a mandated reporter is required to report suspected or instances of abuse or neglect in an official capacity the next level of management shall be notified immediately. a. If a resident has achieved the age of 18 and they are reporting information about prior sexual abuse, assault or harassment in the community (not in an institutional setting) informed consent must be obtained from the resident before reporting through official channels (e.g., Missouri hot line)" (p. 2).

Documentation Reviewed

18+ Consent Reporting Form

Interviews

Medical and Mental Health Staff - The interviewed medical and mental health staff stated that she explains to the residents that she is a mandated reporter and will report information on prior sexual victimization. It was further reported the mental health staff will meet with the youth and explain the limitations of confidentiality. They are also told of the staff duty to report and how it is reported on the hotline.

Corrective Action and Conclusion

115.381 (a/b) While all youth receive a follow up meeting for a trauma-informed Individualized Safety Plan, the facility should complete its intake assessment form to show the follow up with mental health services. The facility shall show proof of the completion of the form and follow up with mental health documentation on the form. The facility shall show proof by providing the auditor with completed assessment forms for 60 days. During the post audit phase, the facility provided additional screening tools of residents. The facility provided documentation were residents were offered follow up services with the onsite mental health staff. The process was handled in accordance with the standard/policy. No further action is needed.

115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Interviews:</p> <p>Medical and mental health staff - 2</p> <p>Security staff and non-security staff first responders - 9</p> <p>Medical and mental health staff first responders</p> <p>Findings (By Provision):</p> <p>115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>It was further reported that there were no instances that occurred in the last 12 months.</p> <p>Documentation Reviewed</p> <p>Additional medical/mental health secondary materials describing access to services.</p> <p>Interviews</p> <p>Medical and Mental Health Staff - The interviewed medical and mental health staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. It is done within 72 hours in general, but in crisis situation within one hour. The nature and scope of the services are determined according to the mental health staff professional judgement. The mental health staff further reported that they would provide intervention services and refer to community-based services when they leave.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.382 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Interviews</p> <p>Security Staff and Non-Security Staff First Responders - The interviewed staff reported that if they are the first person to be alerted that a resident has been an alleged victim of sexual abuse their responsibility would be to report to the supervisor, separate involved parties, secure the area, and make sure the victim is ok. When the staff were asked who they would not share the information with, the answers varied to other residents and/or unnecessary staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviewed medical and mental health staff reported that such services are addressed immediately.</p>

Interviews

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

Residents who Reported a Sexual Abuse - Q:6

115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident. Policy Sexual Abuse and Assault states that "All medical treatment services shall be provided to the victim without financial cost regardless of the level of cooperation with any investigation" (p. 8)

Corrective Action and Conclusion:

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

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="244 331 365 358">Documents:</p> <p data-bbox="244 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="244 448 580 474">Policy: Sexual Abuse and Assault</p> <p data-bbox="244 506 735 533">Policy: Medical - Screening, Care, and Treatment</p> <p data-bbox="244 564 352 591">Interviews:</p> <p data-bbox="244 622 593 649">Medical and mental health staff – 2</p> <p data-bbox="244 680 483 707">Findings (By Provision):</p> <p data-bbox="244 739 1481 797">115.383 (a). As reported in the PAQ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="244 828 732 855">The Sexual Abuse and Assault policy states that:</p> <p data-bbox="244 887 1492 1312">Treatment of Alleged Victims within 72 Hours of an Incident a. On-site nursing treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the youth without interfering with evidence collection. Documentation shall clearly delineate all actions taken. b. Victims of sexual assault shall be referred under appropriate security provisions to a community health care facility for treatment and gathering of evidence. c. Institutional medical staff shall request that the local emergency room do the following: 1) Have a health care provider take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical facility and/or services is indicated. With the victim's consent, the examination includes collection of evidence from the victim. 2) Evidence collected by the health care provider shall be given directly to the Kansas City Missouri Police Department. 445-03 - Sexual Abuse and Assault - Page 8 3) Testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and shall provide counseling, as appropriate. 4) Prophylactic treatment and follow-up for sexually transmitted diseases shall be offered to all victims, as appropriate. 5) Following the physical examination, make available an evaluation by a mental health professional to assess the need for crisis intervention counseling and longterm follow-up. 6) All medical treatment services shall be provided to the victim without financial cost regardless of the level of cooperation with any investigation (pp.3-4).</p> <p data-bbox="244 1344 1471 1402">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="244 1433 1471 1527">185.383 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="244 1559 501 1585">Documentation Reviewed</p> <p data-bbox="244 1617 1476 1711">Medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody.</p> <p data-bbox="244 1742 347 1769">Interviews</p> <p data-bbox="244 1800 1471 1859">Medical and Mental Health Staff - The interviewed mental health staff reported that an evaluation is conducted and then the resident is referred to outside appropriate community resources.</p> <p data-bbox="244 1890 1492 2083">115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care. The medical staff further reported that the details of the evaluation and treatment would be better provided by the hospital we refer patients to, however, we follow their recommendations for follow-up and needed continuing care. The mental health staff stated that general counseling is offered to the residents at least once a week, or more if needed. Additional services will be recommended or provided as the youth leaves detention, the nature the services will be dependent on where the youth is going from detention.</p> <p data-bbox="244 2114 347 2141">Interviews</p>

Medical and Mental Health Staff - The interviewed mental health staff reported that mental health services are consistent with community level of care.

115.383 (d). As reported in the PAQ, Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Policy Medical - Screening, Care, and Treatment states that "in the event that a female resident experiences a sexual assault while incarcerated she will be offered a pregnancy test" (p. 4).

115.383 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy Medical - Screening, Care, and Treatment, states that "any youth experiencing an event involving sexual abuse, assault or harassment shall be afforded any and all medical treatment necessary to treat medical concerns" (p. 4).

Interviews

Medical and Mental Health Staff - The interviewed mental health staff reported that if pregnancy results from sexual abuse while incarcerated, victims given timely information and access to all lawful pregnancy--related services. Such information would be provided immediately. Information would be given immediately, access to services needed or chosen would be provided as soon as it could be arranged.

115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The Sexual Abuse and Assault policy states that "testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and shall provide counseling, as appropriate" (p. 2).

115.383 (g). As reported in the PAQ, treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Sexual Abuse and Assault policy states that "all medical treatment services shall be provided to the victim without financial cost regardless of the level of cooperation with any investigation" (p. 2).

115.383 (h). As reported in the PAQ, the facility, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The Sexual Abuse and Assault policy states that "mental health evaluation of resident sexual abuses shall be conducted as soon as practical but no later than 60 days post-event. Based on evaluation results treatment options shall be generated and incorporated into the youth's case plan" (p. 7).

Interviews

Medical and Mental Health Staff - The interviewed mental health staff reported that the facility does not provide mental health evaluations on all known resident-on-resident abusers. Such services would be provided by a community level provider.

Our mental health counselor sees all residents and if deemed necessary, they are set up to see a psychiatrist. The details of these evaluations would be better explained by our counselor. Evaluations occur in a timely manner. In the event of physical assault, they occur on the same day but after any medical needs are addressed and after the involved parties have calmed down a bit. In the event of a sexual assault, which has not occurred since I have been here, there would be crisis intervention followed by thorough, in-depth evaluation/treatment.

Corrective Action and Conclusion:

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

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>Critical Debriefing Form</p> <p>Interviews:</p> <p>Superintendent</p> <p>Incident review team</p> <p>Findings (By Provision):</p> <p>115.386 (a). As reported in the PAQ, the facility, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0</p> <p>Policy: The Sexual Abuse and Assault policy states that "at the conclusion of any sexual abuse, assault or harassment investigation, and within 30 days of the investigation conclusion, the facility management team (superintendent, assistant superintendent, facility nurse, facility supervisor, counselor and the event shift supervisor) will conduct a post-investigation review" (p. 8). While the facility reported that they did not have an incident of sexual abuse in the last 12 months, there is a Critical Debriefing Form that can be used to conduct an incident review. Since the one allegation identified was not investigated the critical debriefing did not occur.</p> <p>Documentation Reviewed</p> <p>Critical Debriefing Form</p> <p>115.386 (b). As reported in the PAQ, there were zero criminal and/or administrative investigations of alleged sexual abuse completed; and zero cases where a sexual abuse incident review occurred within 30 days. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0</p> <p>Policy: The Sexual Abuse and Assault policy states that "at the conclusion of any sexual abuse, assault or harassment investigation, and within 30 days of the investigation conclusion, the facility management team (superintendent, assistant superintendent, facility nurse, facility supervisor, counselor and the event shift supervisor) will conduct a post-investigation review" (p. 8).</p> <p>115.386 (c). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Policy: The Sexual Abuse and Assault policy states that "at the conclusion of any sexual abuse, assault or harassment investigation, and within 30 days of the investigation conclusion, the facility management team (superintendent, assistant superintendent, facility nurse, facility supervisor, counselor and the event shift supervisor) will conduct a post-investigation review" (p. 8).</p> <p>Interviews</p> <p>Superintendent or Designee – The interviewed superintendent reported that the facility has a sexual abuse incident review team. The team includes manager, counselors, medical and input from line staff.</p> <p>115.386 (d). The facility reported in the PAQ that the facility does not prepare 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 Coordinator. While the facility has not had an incident of sexual abuse in the last 12 months, there is a Critical Debriefing Form that can be used to conduct an incident review.</p>

Documentation Reviewed

Critical Debriefing Form

Interviews

Superintendent or Designee – The interview from the superintendent reported that the information from the sexual abuse incident review team is used to provide better information for training staff and residents on behaviors of sexual assault. Policy can be reviewed to ensure better indicators are required to assess the residents during the usage of the first vulnerability assessment. It was further reported that the review team considers if the allegation is motivated by race, ethnicity, gender identity, gang affiliation or some other dynamics in the facility. These factors can assist with the protection of others who enter the facility with the same characteristics. The area in the facility where the incident allegedly occurred is assessed to find blind spots or barriers that can enable sexual assault. Correcting any barriers creates an inability for sexual assault and provide a safer environment for residents and staff. The review team can review the staffing plan for specific areas, teams, or particular residents to provide a plan staffing for better supervision. Monitoring systems can be reviewed to ensure the angle of cameras are adjusted to have the best view of the area. This will provide a view of activities from residents and staff throughout the area.

Incident Review Team – The interviewed staff reported that when reviewing incidents, the race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation is always factored in so staff may have a clearer understand of the dynamics of each person behavior in the team area. The review team after all Incident reviews the lay out of the area of the incident and if incidents are taking place in parts of the room where there is a blind spot of the view of the staff was obstructed by an item or by residents that were part of the incident. After the review supervisor can help their staff be more aware how to prevent these types of incidents from happening. The review team will also look at staffing based on their location to the incident what they were doing before, during and after the incident. The team will also look at staff, resident ratio and even. The team also will review the staff members personality could have been part of the issue. The review team will review all footage from any Incident look at possible camera placement issues or camera angle and clarity of the camera and if any blind spots that need to be address and any technology needs as well.

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

115.386 (e). The facility reported in the PAQ, that the facility does not implement the recommendations for improvement or documents its reasons for not doing so.

Corrective Action and Conclusion:

115.386 Sexual Abuse Incident Reviews-The facility will provide the auditor with any sexual abuse incident reviews of any allegations of sexual abuse that occurred during the corrective action phase. The facility conducted an incident review at the conclusion of the investigation, demonstrating their knowledge and awareness of the process. No further action is needed.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assault</p> <p>OSCA PREA Data</p> <p>Findings (By Provision):</p> <p>115.387 (a/c). As reported in the PAQ, the facility, reviewed data collected and aggregated under its direct control to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Policy Sexual Abuse and Assault states that "when abuse events are detected or reported the Survey of Sexual Violence (found in the detention folder/forms/sexual abuse screening/survey of sexual violence.pdf) shall be completed by facility administration" (p. 9). The auditor reviewed a blank version of the Missouri Department of Social Services Aggregate Data Collection Instrument.</p> <p>Documentation Reviewed</p> <p>Aggregate Data Collection Instrument</p> <p>115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually. The auditor reviewed the 2020 OSCA PREA Data Report.</p> <p>Policy Sexual Abuse and Assault states that:</p> <p>"The Survey of Sexual Violence data shall be compiled and shared in the facility's annual report. 1) Prior years sexual abuse, assault and harassment data will be included in the annual report for comparison purposes. In addition, there shall be a comment section addressing the progress on any noted corrective actions from sexual abuse investigations. 2) The facilities annual report shall only report the statistical information associated with the event. Names and locations of sexual abuse, assault or harassment allegations shall not be included in any report released for public consumption. 3) It is possible that the Department of Justice (DOJ) may request the center's sexual assault data from the previous year. The center is obligated to present the data requested no later than June 30 for the previous year's information. For example, DOJ makes a data request for 2011 records in the calendar year 2012. 4) The agency shall ensure that data collected pursuant to§ 115.387 are securely retained. 445-03 - Sexual Abuse and Assault - Page 10 5) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually by submitting an annual report to OSCA for statewide compiling" (pp. 9-10).</p> <p>Documentation Reviewed</p> <p>2020 OSCA PREA Data Report</p> <p>115.387 (c). As reported in the PAQ the facility uses a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Documentation Reviewed</p> <p>2020 OSCA PREA Data Report</p> <p>115.387 (d). As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy Sexual Abuse and Assault states that:</p> <p>"The Survey of Sexual Violence data shall be compiled and shared in the facility's annual report. 1) Prior years sexual abuse, assault and harassment data will be included in the annual report for comparison purposes. In addition, there shall be a comment section addressing the progress on any noted corrective actions from sexual abuse investigations. 2) The facilities annual report shall only report the statistical information associated with the event. Names and locations of sexual abuse, assault or harassment allegations shall not be included in any report released for public consumption. 3) It is possible that the</p>

Department of Justice (DOJ) may request the center's sexual assault data from the previous year. The center is obligated to present the data requested no later than June 30 for the previous year's information. For example, DOJ makes a data request for 2011 records in the calendar year 2012. 4) The agency shall ensure that data collected pursuant to§ 115.387 are securely retained. 445-03 - Sexual Abuse and Assault - Page 10 5) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually by submitting an annual report to OSCA for statewide compiling" (pp. 9-10).

Documentation Reviewed

2020 OSCA PREA Data Report

115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f).). It was further reported that the data from private facilities complies with SSV reporting regarding content.

115.387 (f). As reported in the PAQ, the agency has provided the Department of Justice (DOJ) with data from the previous calendar year.

Documentation Reviewed

Missouri Department of Social Services Data Collection Instrument (2021)

Corrective Action and Conclusion:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse and Assaults</p> <p>Memo: PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1</p> <p>Significant Incident Summary 2020</p> <p>Website</p> <p>Interviews:</p> <p>Agency head</p> <p>PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> · Identified problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as the agency as a whole. <p>Policy Sexual Abuse and Assault states that:</p> <p>"The Survey of Sexual Violence data shall be compiled and shared in the facility's annual report. 1) Prior years sexual abuse, assault and harassment data will be included in the annual report for comparison purposes. In addition, there shall be a comment section addressing the progress on any noted corrective actions from sexual abuse investigations. 2) The facilities annual report shall only report the statistical information associated with the event. Names and locations of sexual abuse, assault or harassment allegations shall not be included in any report released for public consumption. 3) It is possible that the Department of Justice (DOJ) may request the center's sexual assault data from the previous year. The center is obligated to present the data requested no later than June 30 for the previous year's information. For example, DOJ makes a data request for 2011 records in the calendar year 2012. 4) The agency shall ensure that data collected pursuant to§ 115.387 are securely retained. 445-03 - Sexual Abuse and Assault - Page 10 5) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually by submitting an annual report to OSCA for statewide compiling" (pp. 9-10).</p> <p>Memo PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1, provides further guidance on the agency responsibility to collect data and conduct annual reports. More specifically the memo states that:</p> <p>In accordance to the Jackson County Family Court policy145-02: Annual Reports and Annual Meetings, the Court's publishes an Annual Statistical Reports and an Annual Program Report. The policy requires the service Directors to approve and submit their Departments report to the Deputy Court Administrator by a designated date. Annual Reports are made available on the Court's Intranet and is available to the public upon request.</p> <p>Any redacted information in the reports are based on confidentiality. The reports are maintained electronically beyond the 1 O year requirement. The Family Court's Residential Services Department is certified by the American Correctional Association which requires a yearly Significant Incident Report.</p> <p>This attached report (submitted in July 2021) reflects that there were no reported incidents of sexual abuse/assault in the reported year. While it is common that the Department's management team reviews. the data, discusses problem areas and make recommendations of any corrective actions taken, the absence of any incidents of sexual abuse/assaults in the past</p>

two years, results in continuous precautionary actions only.

Documentation Reviewed

Significant Incident Summary 2020

Memo: PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1.

Interviews

Agency Head - Incident based sexual abuse data is used to assess and improve sexual abuse detection, policies, practices, and training by ensuring all residents and staff are provided with knowledge of understanding of sexual abuse. Prevention is conducted by supervision of resident's conversations and actions. Residents receive a handbook referring to juvenile rights and reporting sexual abuse. They have the rights to call the hotline. Residents also sign an acknowledgment. We look for signs of grooming, excessive behavior of touching, closeness, and inappropriate actions. Policies are reviewed yearly to ensure current practices. As changes are required, policies are updated, and staff are informed. Each admit is provided assessments to indicate potential abuse. Residents and staff are receiving monthly training regarding sexual assault. On going trainings are provided to continue communication regarding sexual assault.

PREA Coordinator – The interviewed PREA Coordinator reported that the agency reviewed 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. The agency will review the information and talk about monthly, and the information goes to the county annual report.

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

115.388 (b). As reported in the PAQ, the annual report indicates a comparison of the current year's data and corrective actions to those from prior years. Memo PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1, provides further guidance on the agency responsibility to collect data and conduct annual reports. More specifically the memo states that:

In accordance to the Jackson County Family Court policy145-02: Annual Reports and Annual Meetings, the Court's publishes an Annual Statistical Reports and an Annual Program Report. The policy requires the service Directors to approve and submit their Departments report to the Deputy Court Administrator by a designated date. Annual Reports are made available on the Court's Intranet and is available to the public upon request.

Any redacted information in the reports are based on confidentiality. The reports are maintained electronically beyond the 1 O year requirement. The Family Court's Residential Services Department is certified by the American Correctional Association which requires a yearly Significant Incident Report.

This attached report (submitted in July 2021) reflects that there were no reported incidents of sexual abuse/assault in the reported year. While it is common that the Department's management team reviews. the data, discusses problem areas and make recommendations of any corrective actions taken, the absence of any incidents of sexual abuse/assaults in the past two years, results in continuous precautionary actions only.

Documentation Reviewed

Significant Incident Summary 2020

Memo: PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1.

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

Documentation Reviewed

Website

Interviews

Agency Head- The interviewed agency head reported that they approve the agency annual reports. The manager approves the annual reports. The agency shall review data collected and aggregate pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, practices and training. This would include: identifying problem areas, taking corrective action on an ongoing basis; and preparing an annual report of its finding and corrective actions for each facility, as well as the agency as a whole.

115.388 (d). As reported in the PAQ, the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. In addition, the agency indicates the nature of material redacted. Memo PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1, provides further guidance on the agency responsibility to collect data and conduct annual reports. More specifically the memo states that:

In accordance to the Jackson County Family Court policy 145-02: Annual Reports and Annual Meetings, the Court's publishes an Annual Statistical Reports and an Annual Program Report. The policy requires the service Directors to approve and submit their Departments report to the Deputy Court Administrator by a designated date. Annual Reports are made available on the Court's Intranet and is available to the public upon request.

Any redacted information in the reports are based on confidentiality. The reports are maintained electronically beyond the 1 O year requirement. The Family Court's Residential Services Department is certified by the American Correctional Association which requires a yearly Significant Incident Report.

This attached report (submitted in July 2021) reflects that there were no reported incidents of sexual abuse/assault in the reported year. While it is common that the Department's management team reviews the data, discusses problem areas and make recommendations of any corrective actions taken, the absence of any incidents of sexual abuse/assaults in the past two years, results in continuous precautionary actions only.

Documentation Reviewed

Significant Incident Summary 2020

Memo: PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1.

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the type of material that is typically redacted from the annual report is personal identifiers.

Corrective Action and Conclusion:

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

The following evidence was analyzed in making compliance determination:

Documents:

Pre-Audit Questionnaire (PAQ)

Policy: Sexual Abuse and Assault

Interviews:

PREA coordinator

Findings (By Provision):

115.389 (a). The facility reported in the PAQ that incident-based and aggregate data is securely retained. Policy Sexual Abuse and Assault states that "the agency shall ensure that data collected pursuant to § 115.387 are securely retained" (p. 9).

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the agency reviewed 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. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings.

115.389 (b). As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. Policy Sexual Abuse and Assault states that "the agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually by submitting an annual report to OSCA for statewide compiling" (p. 10).

Documentation Reviewed

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

115.389 (c). As reported in the PAQ, the facility shall remove all personal identifiers before making aggregate sexual abuse data public.

Documentation Reviewed

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

115.389 (d). As reported in the PAQ, 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. Memo PREA Standards Data Collection/Annual Reports: 388 (a)-1, 388 (b)-2, 388 (c) -1, 388 (c)-3, 388 (d)-2, 389 (d)-1, provides further guidance on the agency responsibility to collect data and conduct annual reports. More specifically the memo states that "any redacted information in the reports are based on confidentiality. The reports are maintained electronically beyond the 10 year requirement. The Family Court's Residential Services Department is certified by the American Correctional Association which requires a yearly Significant Incident Report".

Documentation Reviewed

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

Significant Incident Summary 2020

Corrective Action and Conclusion:

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Agency Website</p> <p>Findings (By Provision):</p> <p>115.401 (a). During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>115.401 (b). As reported by the PREA coordinator, the facility is the only facility operated by the governing agency.</p> <p>115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the Superintendent. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to: employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p>115.401 (m). The auditor was provided private rooms throughout the facility to conduct resident interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p>A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Agency website</p> <p>Findings (By Provision):</p> <p>115.403 (f). The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	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

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

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

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

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

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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

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

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

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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).)	yes

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

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

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

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

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

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

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

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

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

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

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

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

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

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

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

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