

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: 04/25/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Robert Manville

Date of Signature: 04/25/2025

AUDITOR INFORMATION

Auditor name: Manville, Robert

Email: robertmanville9@gmail.com

Start Date of On-Site Audit: 03/31/2025

End Date of On-Site Audit: 04/01/2025

FACILITY INFORMATION

Facility name: Jackson County Family Justice Center

Facility physical address: 625 East 26th Street, Kansas City, Missouri - 64108

Facility mailing address: 301 NW Gregory Blvd, Lee Summit, Missouri - 64064

Primary Contact

Name:	Jason Hurla
Email Address:	jason.hurla@courts.mo.gov
Telephone Number:	816 286-9742

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:	Angel Cerda LPN
Email Address:	angel.cerda@courts.mo.gove
Telephone Number:	816-435-4703

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	12
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
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:	36
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:	415 East 12th Street, Kansas City, Missouri - 64106
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Ronald Broomfield

Email Address:	Ronald.Broomfield@cdcr.ca.gov
Telephone Number:	916-323-4093

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

Facility AUDIT FINDINGS	
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:	
3	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.354 - Third-party reporting • 115.381 - Medical and mental health screenings; history of sexual abuse
Number of standards met:	
40	
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:	2025-03-31
2. End date of the onsite portion of the audit:	2025-04-01

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:	Metropolitan Organizational Counter Sexual Assaults (MOCSA)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	18
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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	9
19. 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
20. 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
21. 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
22. 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
23. 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
24. 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

25. 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
26. 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
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
28. 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
29. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	32
31. 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

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. 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	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	I interviewed all resident at the center on the two day I was onsite.
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed all resident at the center on the two day I was onsite.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
38. 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):	I interviewed all residents at the center. There were 8 male and one female resident that was interviewed in a private office. I had a general group conversation with all of the residents during the onsite audit.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<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>	
40. 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
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="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>40. 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>I interviewed all residents at the center during the onsite audit. There was no resident that had any disabilities noted in my interaction with the residents. The facility staff knew of no residents that were is disabled. I reviewed all of the resident's intake and screening documents and found no disabled noted in the intake or screening documents.</p>
<p>41. 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>41. 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>41. 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>I interviewed all residents at the center during the onsite audit. There was no resident that cognitively disabled noted in my interaction with the residents. I reviewed all of the residents' intake and screening documents and found no cognitive or functional disability noted in the intake or screening documents.</p>
<p>42. 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>42. 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>42. 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>I interviewed all residents at the center during the onsite audit. There was no resident that were blind or low vision noted in my interaction with the residents. The staff knew of no residents that were is blind or low vision. I reviewed all of the resident's intake and screening documents and found no blind or low vision noted in the intake or screening documents.</p>
<p>43. 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>43. 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>43. 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>I interviewed all residents at the center during the onsite audit. There were no residents that were deaf or hard-of-hearing noted in my interaction with the residents. The center staff knew of no residents that were deaf or hard-of-hearing. I reviewed all of the resident's intake and screening documents and found no residents that were deaf or hard of hearing noted in the intake or screening documents.</p>

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
44. 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).	I interviewed all residents at the center during the onsite audit. There was no resident that were limited English proficient noted in my interaction with the residents. I reviewed all of the resident's intake and screening documents and found no limited English proficient noted in the intake or screening documents.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p>45. 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>I interviewed all residents at the center during the onsite audit. There was no resident that indicated they were gay, lesbian or bisexual noted in my interaction with the residents. The center staff knew of no residents that were gay, lesbian or bisexual. I reviewed all of the resident's intake and screening documents and found no residents that were gay, lesbian or bisexual in the intake or screening documents.</p>
<p>46. 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>46. 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>46. 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>I interviewed all residents at the center during the onsite audit. There was no resident that were transgender noted in my interaction with the residents. The center staff knew of no residents that were transgender or intersex. I reviewed all of the resident's intake and screening documents and found no transgender or intersex noted in the intake or screening documents.</p>
<p>47. 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>47. 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>47. 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>I interviewed all residents at the center during the onsite audit. There was no resident that had made an allegation of sexual abuse noted in my interaction with the residents. I reviewed all of the residents' intake and screening documents and found no resident that made an allegation of sexual abuse noted in the intake or screening documents. There was no allegation of sexual abuse investigations.</p>
<p>48. 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>1</p>
<p>49. 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>49. 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>

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The center does not utilize segregation or isolation. During the tour of the center there were no residents isolated in their rooms. All of the residents were interviewed and indicated they had not been isolated.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	I interview all resident at the center during the two days I was onsite.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

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.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

7

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☐ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. 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 type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. 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.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

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

65. 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)?

☒ Yes

☐ No

66. 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)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The center is located in Kansas City Mo. and serves as a detention center for the 16th circuit juvenile court district.

There is a front entrance for signing in and prior to be allowed access to the secure area of the facility. The facility has a control room that houses an updated monitoring area in which all cameras feed and or on display to the control room operator. In the front area were two PREA trifold posters for families, volunteers and contractors that included PREA information and ways to report.

The building houses the lobby area; administrative area; video surveillance, control room; multipurpose room; staff briefing/training room; intake; and 40 single cells.

The housing unit has a PREA board that includes information for the Victim Advocate program, PREA specific posters to provide general information on sexual safe facilities. Also, it includes external advocacy, and "internal hotline" information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment.

There are Medical Request Forms, PREA/ grievance forms, and the locked boxes for each are posted in the communal area, accessible to all residents, staff, and visitors. All residents have access to writing utensils needed for completing the forms.

During the comprehensive tour of the facility, posted signs were also observed regarding general PREA information and contact numbers for reporting sexual abuse or sexual harassment. Also presented was the phone number and address for the Child abuse/ neglect hotline. The Child Abuse Hotline staff indicated they would notify the local Division of Child Services, Out on Home investigator and local law enforcement when they receive a call. There is an office that is utilized by the residents to make these phone calls in the housing unit. In interviews with staff and

observation the center has several cellular phones that are utilized for all the residents calling their attorneys and parents and once the party is on the line the residents can take the phone in their room. There was a phone number and address of the MOCSA victim advocacy hotline. I called this number and spoke with a staff member about emotional support and victim advocacy services. It was noted in the audit that the center had a MOU with the organization and continue to utilize the program. However, the MOU expired, and the center is working with the victim advocacy program to reestablish the MOU.

Posters included.

What You Should Know About Sexual Assault/ Abuse brochure

What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)

CAC brochure and Poster Break the Chains of Silence Grievance Process

No Means No Rules and ORJDC How to Report Notification of the PREA audit information

The residents were observed to be interacting with staff and were under the staff's direct supervision during dinner time and leisure activities. The education program was closed due to the weather. In counting direct care staff to residents, the ratio was noted to be 2 to 5 during the awake part of the day. The night tour found the ratio to be 1 to 5 in the housing unit. The center has a control room that is not operated during the evening and during that time the ratio was 2 to 5.

However, since the control room can be manned to allow approved people to enter the center, this staff is not counted in the ratios.

Residents were interviewed during the tour, and additionally when the residents were out of their rooms. All residents indicated they felt safe at the facility. Residents knew the facility administrator and indicated she speaks with them daily, including most weekends. Staff were engaging with the auditor. Each indicated they knew they had a responsibility

to report all allegations of sexual abuse or sexual harassment. They also indicated that the administrative staff are in the back of the center on a continuous basis.

The bathrooms used by the residents afford them a reasonable amount of privacy for changing clothes, using the toilet, and showering. There is no surveillance cameras located in the bathrooms. Posted signs were observed requiring staff to announce their presence when entering the living unit. The residents interviewed stated that all staff members announced their presence upon entering the living area. The practice of staff announcing their presence was observed during the comprehensive tour of the facility. The intake processing area includes a porte d'entrée into this area. A PREA bulletin board is in this area. The visitation area can be accessed through the front entrance and through the secure area of the facility. The facility allows contact visits. There are cameras located in the visitation room as well as PREA Notices on the visitation room bulletin board.

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.

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

☒ Yes

☐ No

<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Resident file review 8 intake forms, 8 acknowledgements of orientation; 10 acknowledgements of 10-day video comprehensive training 6 Resident's screening instruments Staff 5 background check worksheets and one spreadsheet with background check for all staff. 2 Contractor training and background checks Twelve training acknowledgements 12 PREA unannounced rounds 1 Volunteer Training</p>
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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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

74. 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

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

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

Sexual Harassment Investigation Outcomes

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

76. 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

77. 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

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

The center has not had an allegation of sexual abuse or sexual harassment in the last PREA cycle.

79. 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	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. 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)

85. 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	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	The center has not had an allegation of sexual abuse or sexual harassment in the last PREA cycle.
87. 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	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)

90. 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	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. 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)
93. 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)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Management and Communication Group

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making Determination of Compliance</p> <p>Jackson County Family Justice Center (JCFJC) Operational Rules 450-38 Residential Services PREA Policy</p> <p>Detention Juvenile Code of Conduct and Sanction Matrix for Major and Minor Rule Violations</p> <p>Appointment of PREA Coordinator Letter</p> <p>Jackson County Family Justice Center organizational chart</p> <p>115.311 (a):</p>

The PAQ requires an agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

JCFJC provided policy 450-38 PREA Policy and Code of Conduct and Sanctions

JCFJC PREA Policy states that "Jackson County Family Justice Center (JCFJC) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within JCFJC. This policy provides the facilities approach to preventing, detecting, and responding to such conduct within JCFJC"

The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Code of Conduct and Sanctions establishes zero tolerance of sexual abuse or harassment and sanctions violation of this standard.

115.311 (b):

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

The facility provided an organizational chart, appointment letter and interview with PREA coordinator.

The Agency organizational chart clearly established that the Compliance Manager will serve as the PREA coordinator and reports to the Center Director and agency head.

The interviewed PREA coordinator reported that they have adequate time to manage all PREA related duties. 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.

115.311(c)

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

The facility provided an organizational chart and interview with PREA compliance manager.

According to the agency organizational chart, the agency PREA Coordinator reports

	<p>to the Director while the PREA compliance manager reports to the PREA coordinator.</p> <p>The facility organizational chart provides information on the PREA Compliance manager.</p> <p>The interviewed PREA Compliance Manager reported that he feels that he has enough time to manage all of the PREA related responsibilities. It was further reported that the work is done alongside the PREA Coordinator and the Administrative Support staff to assure us we are taking care of all of our PREA responsibilities for the facility.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making compliance determination</p> <p>JCFJC Operational Rules 450-38 Residential Services PREA Policy</p> <p>Memo From Facility Director</p> <p>Interview</p> <p>PREA coordinator</p> <p>PREA Compliance manager</p> <p>The PAQ requires a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>The facility provided memo from the facility director: In the memo the director indicated that Jackson County Family Justice Center does not contract for the housing of youth. JCFJC Operational Rules 450-38 Residential Services PREA Policy mandates that A residential services does not contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Daily Rosters</p> <p>PREA Pre-Audit Questionnaire</p> <p>Staffing Plan - PREA 2024</p> <p>Annual Assessment 2024</p> <p>JCFJC Operational Rules 450-38 Residential Services PREA Policy</p> <p>313.313 (a): The PAQ requires the agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>The center provided JCFJC PREAS Policy, staffing assessment for the last three years, and unannounced rounds documentation.</p> <p>The Jackson County Family Justice Center (JCFJC) PREA Policy states that JCFJC shall ensure that its residential staffing and monitoring plans comply with requirements established in the PREA standard 115.313 which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. The policy further states that Intermediate-level and higher-level staff will conduct unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. It is prohibited for staff to be alerted of the day and time when those rounds will take place. Unannounced rounds will be conducted quarterly</p>

The staffing plan includes generally accepted juvenile detention and residential practices.

Any judicial findings of inadequacy; findings of inadequacy from Federal investigative agencies or internal or external oversight bodies.

All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated);

The composition of the youth population.

The number and placement of supervisory staff; vi. Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards.

The prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and ix. Any other relevant factors.

a. Staffing ratios are to be adhered to except during limited and discrete exigent circumstances and any deviations from the staffing plan shall be fully documented.

b. At a minimum of once a year the center shall assess, determine, and document whether adjustments are needed to:

i. The staffing plan;

ii. Prevailing staffing patterns.

The deployment of video monitoring systems and other monitoring technologies; and

The resources the facilities have available are to ensure adherence to the staffing plan.

Each year the facility reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in June 2024 were found to be in compliance with this standard. The staffing plan included: 1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did report deviation from the staffing plan during the past 12 months. According to the PAQ the staffing plan is based on 18 residents.

Based on conversations with the PREA coordinator and facility PREA compliance

manager it was obvious that the facility reviews all areas of the center for additional staffing or cameras based on resident movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring.

313.313(b):

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

The facility provided has had deviations from the plan for the last 12 months.

The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours.

In interview with the facility superintendent, the center documents any deviation with the staffing plan including scheduled vacation, holidays and so forth. The staffing plan includes direct care staff and staff that is utilized for transportation, court supervision, and utility staff. Several deviations were for staff being allowed to take time off due to center not having court or not transportation needs. The superintendent indicated in interview and review of the staff rosters for the last 3 months the center did not deviate from one to eight staff to resident ratios.

Randomly interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. Staff interviewed indicated they are not allowed to abandon their post until properly relieved.

Throughout the audit the auditor made rounds throughout the facility. The ratio during the daytime was one to five on each visit. One tour for the overnight shift, the ratio was one to six.

115.313 (c):

The PAQ requires each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The facility provided JCFJC PREA policy and annual staffing assessments. Daily rosters and interviews with random staff.

The Jackson County Family Justice Center (JCFJC) PREA Policy states that JCFJC shall ensure that its residential staffing and monitoring plans comply with requirements

established in the PREA standard 115.313 which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.

The center's superintendent indicated in interview that the center always maintains or exceeds a ratio of 1:8 and 1:16. The center operates with one staff in the control room and two staff with the youth during waking hours and two staff during sleeping hours with no one assigned to the control room. Staff do not leave their post until they are relieved by oncoming staff. We work as a team and they can call any one of the administrative staff or other staff to come to the facility to provide the necessary coverage.

115.313 (d):

The PAQ requires Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided annual assessment for the preceding three years.

The PREA Coordinator interviewed indicated that the assessment occurs annually, and a meeting is held to discuss the staffing plan, necessary revisions, technological adjustments (and how to consider PREA), and other areas are addressed during this meeting.

115.313 (e):

The PAQ requires each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility.

The center provided JCFJC PREA Policy, unannounced rounds and interviews with intermediate staff members.

JCFJC PREA Policy states that Intermediate-level and higher-level staff will conduct unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. It is prohibited for staff to be alerted of the day and time when those rounds will take place. Unannounced rounds will be conducted quarterly

Staff conduct unannounced rounds during each shift. The administrative staff conduct program review unannounced rounds at least once on each shift quarterly.

	<p>All staff are prohibited from alerting other staff members that these rounds are being conducted. Rite of Passage will maintain a staffing plan that provides for adequate levels of staffing to ensure for the protection of each student against sexual abuse.</p> <p>The shift supervisors were interviewed as intermediate staff that conduct unannounced rounds. They indicated they conduct rounds during differing shift, each day including weekend and holidays. These rounds are documented. They indicated they don't tell staff when they arrive at the center or when they make rounds. They indicated they vary the days and times.</p> <p>Compliance was determined by review of policies, documentation, and interview with staff. During the audit the auditor visited all areas of the facility throughout the audit. During the visit the auditor counted the number of residents and number of staff in each area. The facility meets the requirement of this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>JCFJC Operational Rules 450-38 Residential Services PREA Policy</p> <p>Female and Male Announcements</p> <p>Training in Cross gender -gender</p> <p>Searches Training</p> <p>Training Video on Guidance on Cross Gender and LBGTQ searches</p> <p>Exigent Circumstances Log (blank)</p> <p>Staff interviews</p> <p>Resident interviews</p> <p>Picture of the bathroom and shower area</p> <p>115.315 (a):</p> <p>The PAQ requires the facility shall not conduct cross-gender strip searches or cross-</p>

gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The center provided 450-38 – Residential Services PREA Operational Rule– Cross Gender Search, Training Video on Guidance on Cross Gender and LBGTQ searches.

Policy mandates residential Staff shall not conduct cross-gender pat-down searches except in exigent circumstances.

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

Residential Staff shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Residential Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

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

Based on interviews with staff and residents there have been no cross- gender pat down searches in the last 12 months. An intake staff member indicated that upon admission to JCFJC, the resident is then taken to a private area by two staff of the same gender as the resident. The residents are asked to remove their outer garments, but not to remove their undergarments. The staff member then confirms that there is no contraband visually and identifies any tattoos, scars, bruises, or other marks.

Nine residents were interviewed. All indicated they had not been searched by a person of the other gender.

Twelve staff were interviewed. Every member of staff attended the cross gender training and signed a roster for training. All interviewed indicated they had not search a resident of the other gender since working at the center.

During the tour of the center the auditor had conversations with staff and residents. All staff indicated they don't conduct pat searches or strip searches of resident of the other gender. At the time of the audit 9 residents were housed at the center. All residents were engaged in a conversation during the on-site audit. All of the residents indicated they have never been searched by staff of the other gender.

115.315 (b):

The PAQ requires The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

The center provided Cross Gender and transgender pat searches facilitator guide and video of guidance on cross gender and transgender Pat Searches and JCFJC PREA Policy – Cross Gender Search

Search procedures mandate the facility always refrain from conducting any cross gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All residents interviewed stated they had never been searched by a staff of the other gender. Staff were able to articulate what would be exigent circumstances when they might be required to conduct a search.

115.315 (c):

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

According to the PAQ there were no cross-gender searches during the last 12 months.

The facility provided JCFJC PREA Policy which clearly mandates that Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during conversation with the youth, 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.

Staff shall not conduct cross-gender (opposite sex) strips searches or cross-gender frisk searches.

Transgender resident can choose the gender they would prefer to conduct a pat down or strip search. The facility will not do body cavity searches.

During the tour of the center the auditor had conversations with staff and residents. All staff indicated they don't conduct pat searches or strip searches of resident of the other gender. Five residents were engaged in a conversation during the onsite audit. All of the residents indicated they have never been searched by staff of the other gender.

115.315 (d):

The PAQ requires the facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The facility provided JCFJC PREA Policy - Searches Cross Gender viewing and searches Training Video on Guidance on Cross Gender and LGBTQ searches and posters located throughout the facility.

JCFJC PREA Policy Youth must be allowed 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.

A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow residents to shower without being viewed by a person of the opposite gender and privacy from other residents during the showering process. The JCFJC showering procedure requires that staff of the same gender supervise all showers and will position themselves so they can't see the residents totally naked.

The facility provided a picture of the showering and toilet area highlighting the barriers in each of these areas.

A review of the camera system noted there were no cameras located in the restroom area of the facility.

All residents stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders placed at the entrance of each housing unit.

Staff and residents confirm that staff announce their presence and will knock on the door prior to looking in during counts.

All residents interviewed formally and informally during the onsite interview indicated that staff announce their presence whenever they go to the housing unit.

115.315 (e):

The PAQ requires the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

	<p>If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>The facility provided JCFJC PREA Policy and interviews with staff and residents.</p> <p>Residential Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>Twelve staff interviewed indicated they knew the provisions of the policy.</p> <p>115.315 (f):</p> <p>The PAQ requires the agency shall train security staff in how to conduct cross gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>The facility provided training the provide guidance on Cross Gender and transgender pat search facilitator guide developed by the PREA resources center.</p> <p>A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>PREA Posters in English and Spanish</p> <p>Zero Tolerance Poster English- Spanish English and Spanish Third-Party Posters</p> <p>Resident with Disabilities Training Curriculum</p>

450-38 – Residential Services PREA Operational Rule

16th Circuit Court Auxiliary Aids and Services

Safety First English and Spanish

Random Staff Interviews

Resident Interviews

Agency Head Interview

115.316 (a)(c):

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

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

The facility provided Jackson County Family Justice Center PREA Policy , staff training curriculum, 16th Circuit Court Auxiliary Aids and Services, and PREA Posters in English and Spanish

PREA Policy mandates Residential Services shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of Residential Services efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret

effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

In addition, Residential Services shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Residential Services is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Court mandates 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

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agencies zero tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material. In the event that staff are in need of limited English services, it is expected that they will complete a request form to attain services. In addition, the facility has readily accessible PREA flyers and resident handbook information in Spanish and English. The facility has multiple interpreter services to attain the necessary services for the residents.

The interviewed agency head reported that the agency established procedures to provide residents with disabilities and residents who are limited English proficient 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. JCFJC should take appropriate steps to ensure that youth with disabilities and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of JCFJC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The training curriculum requires that JCFJC shall not rely on youth interpreters, readers or other types of youth assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety.

During the onsite portion of the audit, the auditor observed material in English and Spanish, and the intake area had additional resources for interpreters or residents with disabilities.

When necessary to ensure effective communication with students who are deaf or hard of hearing, the program will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the program shall ensure that written materials are provided in formats or through methods that ensure effective communication with students with disabilities, including students who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The program shall take reasonable steps to ensure meaningful access to all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to students who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary through contract for interpreter services including hearing impaired-deaf interpreters.

Utilizing the interpreter reference guide the auditor was able to speak with an interpreter coordinator with Language Line Solutions.

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

PREA Policy mandates that facilities will ensure that residents with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. JCFJC will ensure that all written materials to every resident are in format or through methods that ensure effective communication with residents with disabilities, including those

who have intellectual disabilities, limited reading skills or who are blind or have low vision. Facilities will not rely on residents, 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, or the investigation of the resident's allegations. Any use of these interpreters under these type circumstances will be justified and fully documented in the written investigative report. Residents receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource.

All staff interviewed indicated they would not utilize and have not utilized resident interpreters. The staff indicated they were aware of the Language line contract and would utilize the contract.

115.316 (b)

The PAQ requires The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The facility provided Jackson County Family Justice Center PREA Policy, staff training curriculum, interpreter contract, and PREA Posters in English and Spanish JCFJC Policy mandates that information about services, consent forms, rights, and program rules, etc. are communicated to youth with the use of interpreters or other auxiliary aids. Also, these procedures will provide for an effective exchange of information between staff/employees, youth and/or families while services are being provided. All aid and/or assistance shall be provided by the facility without cost to the person being served.

JCFJC will take such steps to provide reasonable accommodations as are necessary to ensure that disabled persons, including those with impaired sensory, hearing or speaking skills receive effective notice concerning benefits, services, or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/certified interpreters provided under contractual service without cost to the person being served. Residents that are special education receive an Individualized Education Program meeting that includes parents, legal guardians, or child advocates.

	<p>Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used for translating. The facility has a contract for language services including sign language services. Staff would read all the information required for an orientation into the facility and the comprehensive PREA training for residents that can't read. All of the residents interviewed were able to articulate the training programs, recalled the intake process and felt safe at the facility.</p> <p>Whenever communication accommodation is needed, the facility superintendent is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth</p> <p>The facility maintains an at-risk log that includes any medical or developmental concerns that require assistance in providing services to the residents. At the time of the audit there was no resident that was LEP and no resident that was cognitive disabled.</p> <p>Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agencies zero tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.</p> <p>Compliance was determined by review of policy, language line contract, and interviews with clinical supervisor director, education staff, facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Jackson County Family Justice Center PREA Policy</p> <p>Addendum to JCFJC Application</p> <p>New Hire Background Check</p> <p>Kansas Child Abuse Neglect Registry</p> <p>Missouri Child Abuse Neglect Registry</p> <p>Human resources staff interviews</p> <p>115.317 (a):</p>

The PAQ requires The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The PAQ indicated that 29 employee background checks and no contracting background check has been completed in the last 12 months.

The facility provided Jackson County Family Justice Center PREA Policy , Addendum to JCFJC Application

JCFJC shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who;

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

JCFJC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

Before hiring new employees, who may have contact with youth, the division shall complete a criminal background record check and consult with the child abuse registry. The facility shall make its best effort 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.

JCFJC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth contact with youth and shall not enlist the services of any contractor who may have contact with youth, who. 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in 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. 4. JCFJC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

The facility provided an Addendum to the JCFJC Application that asks all of the above required questions. Staff are expected to sign the form affirming that they have a continued “affirmative duty to disclose any of the above-mentioned misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination” The employee also signs that they understand the zero-tolerance policy toward all forms of sexual abuse and sexual harassment.

115317 (b):

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

The facility provided Jackson County Family Justice Center PREA Policy

The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The human resources staff interview indicated prior to a promotion the staff fill out another questionnaire.. All people that apply to work at the center as full-time, part-time or contractors must have completed a background check that is conducted by the center. We completed the PREA questionnaire on the Jackson County application prior to

promotion and each year.

115.317 (c):

The PAQ requires before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

JCFJC shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who;

- 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);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

JCFJC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

Before hiring new employees, who may have contact with youth, the division shall complete a criminal background record check and consult with the child abuse registry. The facility shall make its best effort 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.

- JCFJC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth System (ATMS) to the contract providers for screenings done on potential or permanent employees.

- The Department does not hire, promote, or contract with anyone who:

i. 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);

ii. 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;

iii. Has been civilly or administratively adjudicated to have engaged in the activity described in ii above.

- The Department shall ask all applicants and employees who may have contact with youth about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of review of current employees.

- The Department shall consider any substantiated incidents of sexual misconduct in determining whether to hire, promote, or contract with anyone.

- Employees being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

115.317 (d):

The PAQ requires the agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. PBYA shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

The facility provided policy Jackson County Family Justice Center PREA Policy and copy of spread sheet of each employee's date of hire and dates of latest background check.

The policy requires JCFJC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

The center has conducted 10 background checks on contractors in the last 12 months.

115.317 (e):

The PAQ requires the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The facility provided Jackson County Family Justice Center PREA Policy and random background checks on staff with over five-year tenure.

The Jackson County Family Justice Center (JCFJC) PREA Policy states that "JCFJC shall conduct criminal background records checks every five years on current employees, volunteers/student practicums, and contractors who may have unsupervised contact with youth

The interviewed HR staff reported that the system the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents is the State Family Care Safety Registry for state checks and Missouri Highway Patrol (fingerprints) for national data base. We do conduct checks on current employees every 5 years.

115.317 (f):

The PAQ requires 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.

The facility provided policy Jackson County Family Justice Center application for employment, yearly evaluations, and promotions.

The facility provided a JCFJC application that asks all of the above required questions. Staff are expected to sign the form affirming that they have a continued "affirmative duty to disclose any of the above-mentioned misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination" The employee also signs that they understand the zero-tolerance policy toward all forms of sexual abuse and sexual harassment.

The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal. This includes having staff review and sign the PREA Questionnaire.

115.317 (g):

The PAQ requires material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The facility provided policy Jackson County Family Justice Center PREA Policy

JCFJC Operational Rules 450-38 Residential Services PREA Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

In interview with the human resources staff, she indicated that staff are aware of the duty to report any misconduct and have to come by my office and provide copy of information for me to file and advise the Agency head for further determination.

115.317 (h):

The PAQ requires 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.

The center provided Jackson County Family Justice Center PREA Policy

The policies mandate that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the human resources confirmed the facility would provide this information if requested

	<p>to do so. Policy states the information would be provided when requested unless it is prohibited by law to provide the information.</p> <p>According to interviews with the human resources staff, the center would have the perspective candidate to sign a release statement, and they would send the requested information.</p> <p>Based on the review of the documentation and the interview with the Superintendent and Human Resources staff, the facility is complying with all provisions of this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Annual Facility Review June 2024</p> <p>Interviews with</p> <p>Agency head</p> <p>Facility administrator</p> <p>115.318 (a)</p> <p>The PAQ requires When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>The facility provided there have been no planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115. 318 (b)</p> <p>The PAQ requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p>

	<p>The facility provided that the center has modified and updated older cameras in the last 12 months.</p> <p>The agency head interviewed indicated that the agency does a yearly review of camera, soft ware and looking for blind spots in all facilities. The agency then allocated either more camera or additional resources to make certain there are no blind spots without staff supervision in that area.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Jackson County Family Justice Center (JCFJC) PREA Policy</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>PREA Youth Posters</p> <p>Interview with Children Hospital</p> <p>PREA compliance manager</p> <p>PREA Coordinator</p> <p>115.321 (a):</p> <p>The PAQ requires that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The facility provided Jackson County Family Justice Center (JCFJC) PREA Policy</p> <p>The Jackson County Family Justice Center (JCFJC) PREA Policy states that JCFJC shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined the PREA requirements to appropriate external investigating agencies.</p> <p>The interviewed random sample of staff reported that the agency's protocol for obtaining usable physical evidence if an allegation of sexual abuse occurred by: securing the scene, ensure the resident did not shower, brush teeth or change clothes, call law enforcement and notify a supervisor. When asked who conducts the</p>

investigations it was reported that law enforcement conducts the investigations.

There have been no allegations of sexual abuse or sexual harassment in the last 12 months. There have been no allegations of sexual abuse or sexual harassment noted in the previous three PREA audits.

The PREA compliance manager interview indicated that the center has a MOU with 12 licensed mental health professionals to provide advocacy service if a youth was transported to Children Hospital for a SANE. They previously had an MOU with the Metropolitan Organization Countering Sexual Assaults (MOCSA). The staff or residents can contact the program by telephone, mail, the staff would come to the or the center would take the resident to the program.

115.321 (b):

The PAQ requires the protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility provided the department does not conduct criminal or administrative investigations into allegation of sexual abuse or sexual harassment. Local law enforcement and the division of youth services conduct such investigation involving youth at JCFJC.

The Jackson County Family Justice Center (JCFJC) PREA Policy states that "When outside agencies investigate sexual abuse and sexual harassment, the JCFJC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

115.321 (c):

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

Have access to a victim advocate from a rape crisis center or a qualified staff member from a community-based organization or a qualified agency staff member.

The facility provided Jackson County Family Justice Center PREA Policy and letter requesting reentering an MOU with MOCSA. The Children Hospital, where the SANE would be completed, has an Advocate on site and would also utilize an Advocate from MOCSA. In interview with the emergency room nurse at the hospital she indicated that the Children's Hospital has a SANE staff and a victim advocate on

duty or on call 24 hours a day and while they would utilize an advocate, they prefer to utilize one of their advocates on staff.

The Policy PREA Policy states that "Forensic medical examinations are offered without financial cost to the victim The Jackson County Family Justice Center (JCFJC) PREA Policy states that "Forensic medical examinations are offered without financial cost to the victim.

The center utilized Children Hospital for resident that need emergency medical cares.

Policy mandates that residents will receive timely, unimpeded access to on-site and offsite 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.

115.321 (d)(e):

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

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals

In interview with the PREA compliance manager, they indicated that the facility is attempting to establish an MOU that includes advocacy, emotional support, SANE examinations, and an emotional support hotline. At the present time we are utilizing contracted therapist to provide victim advocacy. The Children Hospital provides victim advocate during any SANE. The center still offers resident the telephone number and address of MOCSA for victim advocacy and emotional support.

The Superintendent confirmed that advocacy services will be provided in accordance with the MOU. The interview with the Superintendent confirmed the resident and/or facility staff members are able to utilize the victim service hotline to request a victim advocate.

	<p>In interviews with MOCSA, the program would provide victim advocacy and follow up services as required. This includes meeting with the family, attending court hearing, providing safe haven for the family, and follow up treatment as needed. This would continue when the youth left the center if they are from the geographical area.</p> <p>115.321 (f)</p> <p>The PAQ requires to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.</p> <p>The facility utilizes the Missouri Out of Home investigators which is part of the Missouri Children's and Family Services. The OOH utilizes the protocol outlined in section (a) to (E).</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>JCFJC. The Department conducts administrative investigation and management reviews, separate and apart from a criminal investigation.</p> <p>Out of Home Investigative manual mandates that investigation be conducted on all allegations of sexual abuse or sexual harassment. OHI conducts administrative investigations and Kansas City Missouri Police Department conducts criminal investigations.</p> <p>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 have 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>115.322 (c):</p> <p>The PAQ requires If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>The facility provided Out of home investigative website and Jackson County website.</p>

	<p>Out of Home Investigative manual mandates that investigation be conducted on all allegations of sexual abuse or sexual harassment. OHI conducts administrative investigations and Springfield Police investigates criminal allegations</p> <p>Compliance was verified by reviewing policies, procedures, Florida DJJ website and interviews with agency designee, facility administrator, investigators, staff, and PREA Coordinator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action plan is not required.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>JCFJC Operational Rules 450-38 PREA Policy - Staff training</p> <p>PREA Acknowledgement form</p> <p>PREA training Sign In sheets 2024</p> <p>PREA Resource Center (Committing Safety and Respect for LGBTI Youth and Adults in Correctional Settings)</p> <p>PREA Resource Center Training (Know how to fulfill your responsibilities under JCFJC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)</p> <p>Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material)</p> <p>Zero Tolerance Log (2021)</p> <p>Employee Sexual Harassment: A Commonsense Approach Training Curriculum</p> <p>Employee Sexual Harassment: A Commonsense Approach Training Curriculum Training Log (2021)</p> <p>Interview with Random Staff</p> <p>115.331 (a):</p> <p>The PAQ requires The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and</p>

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

The facility provided JCFJC PREA Policy- Staff training and training curriculum. Including PREA Training Curriculum Video.pdf, Sexual Harassment, Zero Tolerance of Sexual Abuse and Sexual Harassment, PREA Resource Center Training (Know how to fulfill your responsibilities under JCFJC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures), PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)

The PREA Policy provides guidance on staff, volunteer and contractor training requirements. The auditor reviewed the training curriculum along with the training logs covering 2024/2025 showing that staff received the required PREA training.

The PREA Policy provides that the center trains all employees who may have contact with residents in the following matters

- 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 PREA Policy provides guidance on staff, volunteer and contractor training requirements. The auditor reviewed the training curriculum along with the training logs covering 2023/2024 showing that staff received the required PREA training.

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 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. Three staff could not recall the applicable age of consent.

115.331 (b):

The PAQ requires such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility provided JCFJC PREA Policy- Staff training

JCFJC training is tailored to all genders in the facility as all detention center houses both male and female resident. The agency training for all staff also includes working with LGBTI youth in Juvenile facilities. Additionally, the agency has

developed training for First Responder duties and responsibilities. Training includes:

PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings) PREA Resource Center Training (Know how to fulfill your responsibilities under JCFJC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)

PREA Resource Center Training (Know how to fulfill your responsibilities under JCFJC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)

Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material)

Employee Sexual Harassment: A Commonsense Approach Training Curriculum

115.331 (c):

The PAQ requires all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The PAQ also indicated that staff will receive refresher training each year.

The JCFJC Policy states that "Employees at JCFJC will receive training on PREA procedures and policy every year provides and with refresher training to ensure that all employees know the agency's current sexual abuse and sexual harassment policies.

Training also includes Staff meetings, communication via email, and communication via Daily Staff Highlights

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment.

In interviews with staff, each indicated that PREA was discussed on a daily basis and formal training is a two-day training by instructors and videos. Policy and procedure mandate that staff are trained at a minimum every two years.

115.331 (d):

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

The facility provided sign-in sheets for all random staff that were interviewed by the auditor and additional staff roster for cross gender pat searches.

	<p>JCFJC mandates that the program shall document, through an attendance sheet Documentation will be kept in employee files.</p> <p>There are 5 PREA Posters about Sexual safety located throughout the facility. All of the staff interviewed were able to articulate each of the training topics and were able to articulate their understanding of each of the training topics.</p> <p>Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records of staff. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy. Staff were able to articulate an understanding of working with LGBTI youth.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Volunteers and Contractors Training</p> <p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>Interviews</p> <p>Contractor</p> <p>Volunteer</p> <p>115.332 (a):</p> <p>The PAQ requires the agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>The facility provided JCFJC Operational Rules 450-38 PREA Policy Duties of Volunteers and - Volunteer and contractor Acknowledgement with PREA training curriculum.</p> <p>Operational Rule 450-38 mandates: All contractor and volunteers must be receive orientation and updated training appropriate to their respective duties and obligations as it relates to child abuse, neglect or harassment and ways to report. Volunteers and Contractor will sign and contract to include the facility policy of zero</p>

	<p>tolerance and their duties to report and ways they should report.</p> <p>115.332 (b):</p> <p>The PAQ requires the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The facility Operational Rules 450-38 includes Residential Services shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>115.332 (c):</p> <p>The PAQ requires the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received</p> <p>Operational Rules 450-38 includes The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.</p> <p>During the last year the center had 10 contractors. The training included a tri fold document titled " A guide of Sexual Abuse Prevention and Response of Contractor and Volunteer of the Jackson County Detention Center.</p> <p>The center also provided four signed acknowledgements of the training.</p> <p>The audit interviewed two contractors and one volunteer.</p> <p>All interviewed indicated they received a brochure, and staff trained them about PREA. Two of the contractors indicated they also watched a video.</p> <p>Based on this analysis, the facility was substantially compliant with this provision and corrective action was not required.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations

JCFJC Operational Rules 450-38 PREA Policy

PREA acknowledgement form

8 Different PREA Brochures (Spanish and English)

Youth education sign in Youth training

Education material

Advocacy Posters including National Child Abuse

PREA Education Rosters

Resident acknowledgement forms

10 Resident Files

115.333 (a):

The PAQ requires During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided PREA Juvenile intake caption mp4 in English and Spanish and trifold PREA brochure and policy Operational Rules 450-38 includes - Student education

The video utilized for juvenile orientation program is captioned in English and Spanish. It provides the youth with the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The trifold is a brightly colored with four pages of information to the newly arrived youth with the same information that the youth is able to keep on their person.

Operational Rules 450-38 provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts initial training for all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements. At the present time the facility is providing comprehensive training when residents complete the intake process.

The intake staff reviewed the intake system and explained the education program

for new intake residents. According to the intake staff review the first video that explains PREA. They then get a copy of the trifold and staff go over the trifold. The residents and intake staff review the VSAB and then the intake staff then provides the residents with the Handbook that includes additional information on how to prevent, how to report, and youth rights. The handbook also provides the telephone number and address of the MOSCA

All residents interviewed indicated they viewed several videos when they first arrive at the facility. The video included how to report, the zero tolerance, and that it was against the rule to participate in any form of sexual activity. Each resident indicated they received a trifold that staff go over with them. They then receive a handbook and staff talk about the handbook. They all indicated they had to sign for the handbook.

During the last 12 months 142 residents have received the initial orientation.

115.333 (b):

The PAQ requires within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided PREA juvenile comprehensive video with captions in English and the same video in Spanish with captions in Spanish, with information on emotional support and an acknowledgement form that the resident saw the video, received the orientation trifold and understood the PREA training.

The comprehensive video includes all aspects of the PREA 115.333 standard.

According to interview with the intake staff, the resident watches the video after staff have reviewed the VSAB with the resident. The resident can watch on a television located in the intake area or on a computer screen.

Residents receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. The facility has the capability of providing the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. According to documentation and interview with the Facility administrator and the Assistant Facility Administrator, the local school system will assist with the provision of services for disabled and limited English proficient residents. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an

additional resource. The supervisor notifies the facility administrator who will contact the appropriate community resource services including the local board of education. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. Special needs youth are provided training, that is age and maturity-based training per FOP Special Needs. Compliance was confirmed by review of the resident acknowledgement statement and interview with resident during the tour of the facility and in formal interview with 15 residents.

115.333 (c):

The PAQ requires current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

JCFJC Operational Rules 450-38 PREA Policy Youth Training and education requires that residents receive such education upon arrival at the facility

The PAQ indicated that 40 youth had not received the education. This was a mistake by PCM. In the interview he indicated that 40 youth had been at the facility for over 10 days and received an additional comprehensive education.

In interviews with the intake staff all residents have an initial orientation and a comprehensive education which includes two videos, and two tri-fold brochures when they arrive at the center.

In interviews with the residents each confirmed they have to watch the videos and receive the brochures every time they come to the facility.

115.333 (d):

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

The facility provided policy 1919, and language line contracts.

Policy 1919 mandates the facility shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading,

limited English proficient, and based on the individual need of the resident.

ROP PREA Standard 115.333- Student education establishes the program shall provide student education in formats accessible to all students, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to students who have limited reading skills.

Documentation was reviewed of a contracting service for language lines. Posted PREA information is in English and Spanish accessible to residents, staff, contractors, volunteers, and visitors.

The PREA videos are present in English and Spanish with caption under each in the appropriate language.

Staff interviews confirmed residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education supervisor and medical staff would work with the community resources to provide education to residents regardless of their limitations or disabilities.

The education department assists in providing information one-on-one in large print, visual aid and magnifiers, translation, and other services through the residents individual Education Plan.

115.333 (e):

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

The facility provided JCFJC Operational Rules 450-38 PREA Policy and acknowledgement forms.

JCFJC Operational Rules 450-38 PREA Policy mandates that the facility shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions.

A file review of 12 residents included an acknowledgement statement for orientation and comprehensive education.

115.333 (f):

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

The facility provided eight posters and policy which indicates that in addition to providing formal education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

	<p>The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There was PREA educational documentation noted throughout the facility including the lobby, visitation and living units.</p> <p>Compliance was determined by review of the agency policies, training curriculum, posters, and resident files and interviews with staff and residents.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.334 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>Investigator Certification</p> <p>115.334 (a):</p> <p>The PAQ requires in addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>In interview with the facility superintendent, she indicated that JCFKC does not conduct any form of administrative or criminal sexual abuse investigation. However, a staff member at the center has attended investigative training provided by the National Institute of Corrections.</p> <p>In interviews with Out-of-Home investigator and Legal Services investigators, their staff received the specialized training provided by the NIC.</p> <p>115.334 (b):</p> <p>The PAQ requires specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p>

	<p>The facility provided the website for the NIC investigative curricula and in interviews confirmed the PAQ material is part of the NIC training.</p> <p>115.334 (c):</p> <p>The PAQ requires the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The agency provided certifications from staff that have received the specialized training. There is 1 trained inspectors at the time of the onsite audit.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>Specialized Training Medical-MH Medical training</p> <p>Mental health training</p> <p>PREA-Mental Health and Medical Professionals Specialized training for medical and mental health</p> <p>PREA-Mental Health and Medical Professionals Skill Pro Medical/Mental Health Modules</p> <p>115.335 (a):</p> <p>PAQ requires The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The facility provided Operational Rules 450-38 includes - Specialized Training Medical-MH Medical training provides medical and mental health staff receive the regular PREA training.</p> <p>The center has contracts for services on a part time basis for medical and mental health staff. However, all part time staff have received the training as required by</p>

standard 335.

In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. The medical and mental health staff are contractors and also receive contractor training.

115.335 (b):

The PAQ requires If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility provided that forensic medical examinations are not conducted by the facility medical staff or mental health staff.

Medical and mental health staff that were interviewed indicated they do not conduct forensic examination. All of the medical staff that were interviewed indicated they had received training from NIC.

115.335 (c):

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

The facility provided acknowledgement forms for medical and mental health staff.

The facility acknowledges training indicating that medical and mental health staff have attended medical specialized training. Based on PAQ 100% of the medical and mental health employed at the center have received specialized training.

115.335 (d):

The PAQ requires Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The facility provided staff training acknowledgement form and Operational Rules 450-38.

Operational Rules 450-38 requires that mental health and medical staff complete the general and refresher training provided for all staff members. Since this a diverse population of residents the clinical staff provide additional training on de-

	<p>escalation, suicide prevention, recognizing the needs of transgender residents, and sexual orientation, gender identify expression.</p> <p>A review of the training curriculum, acknowledgement documentation and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that exceeds the expectations of the standards.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rule 450-38 PREA Policy</p> <p>SAVAAC Sexual Assault Victim/Assailant Checklist</p> <p>SAVAAC Re-Assessment Form</p> <p>Intake Sheet</p> <p>MAYSI</p> <p>Medical/Mental Health Screening form</p> <p>Interviews</p> <p>Staff responsible for Risk Screening</p> <p>PREA coordinator</p> <p>PREA compliance manager</p> <p>115.341 (a)(b)</p> <p>The PAQ requires within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Such assessments shall be conducted using an objective screening instrument.</p> <p>The facility provided JCFJC) PREA Policy, Jackson County Family Justice Center Manual of Policies and Procedures, SAVAAC Sexual Assault Victim/Assailant</p>

Checklist, and SAVAAC Re-Assessment Form JCFJC) PREA Policy PREA - Screening mandates that all residents will be interviewed using an objective screening instrument for risk of victimization, potential vulnerabilities or sexual abusiveness tendencies to act out with sexually. Such assessments shall be conducted using an objective screening instrument.

The facility utilizes an intake process that includes the completion of an intake sheet, Sexual Assault Victim/Assailant Checklist (SAVAAC), MAYSI and Medical/Mental Health Screening form. All of the forms guide the staff and inform them of victims and predatory tendencies.

The Jackson County Family Justice Center Manual of Policies and Procedures states that Screening for Risk of Sexual Victimization and Abusiveness Obtaining Information from Youth:

Obtaining information from youth:

Upon admission JCFJC staff shall obtain information using the Missouri Secure Detention Sexual Assault

Victim/Assailant Checklist (SAVAC) in screening for risk of sexual abuse and or victimization by or upon a youth. This screening shall be done within 72 hours of their intake. A resident's risk level shall be reviewed periodically throughout their confinement.

Jackson County Family Justice Center (JCFJC) PREA Policy states that upon detainment JCFJC shall obtain information for use in reducing the risk of sexual abuse by or upon a youth. Upon a youth's entry into the program, intake procedures shall be followed.

Information received during the assessment shall be disseminated in accordance with requirements

115.341 (c):

The PAQ requires at a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. During the screening, the therapist will contact the resident's legal guardian and discuss the resident's past history, known sexual orientation and any concerns about his safety.

The facility provided copies of the SAVAAC which includes

Potential Victim Factors

Developmental disability or mental illness

First secure confinement of any kind

Juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming

History as victim of sexual abuse

History of facility consensual sex

History of protective custody

Reported concern over ability to defend oneself

Potential Predatory Factors

Pending sexual assault allegation or prior sexual assault referral

History of institutional predatory behavior

History as preparator of sexual abuse

History as perpetrator of physical abuse Gang affiliation

The staff that conduct the screening interviewed indicated the initial risk screening reported that the initial risk screening will look at gender, age, sex, physical stature, pending charges prior to residential care, mental and physical health disabilities, emotional and intellectual disabilities. History of juvenile sexual abuse (victim/predator).

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.

The staff interviewed responsible for risk screening reported that they attain the information through conversation and review records. It was further reported that conversations during Intake process or from documents listed above (Medical/Mental Health assessment/MAYSI/SAVAC). When youth tells us something has happened, we Hotline. We try to get information from them before we use the 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.

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

	<p>staff or other residents.</p> <p>Interviews</p> <p>The interviewed PREA Coordinator reported that all Direct-Care Staff at JCFJC have access to Risk Assessments as they're working directly with the youth in care. ALL staff are required to maintain confidentiality; this requirement is a part of the hiring process.</p> <p>The interviewed PREA compliance manager reported that ALL Detention Aides, Supervisors and Superintendent have access to the resident's risk assessment and are required to sign a form to keep all info on youth confidential.</p> <p>The staff interviewed responsible for risk screening reported that all staff have access however they are required to sign confidentiality forms.</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>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination JCFJC Operational Rules 450-38 PREA Policy</p> <p>Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary SAVAAC Instructions</p> <p>Interviews with</p> <p>PREA coordinator Facility superintendent</p> <p>PREA Compliance manager Random Staff</p> <p>115.342 (a):</p> <p>The PAQ requires the agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>The facility provided Operational Rules 450-38 which establishes protocol to house residents in a safe environment, taking into consideration the youth's SAVAAC. The center did not have any transgender or intersex residents at the time of the on-site audit.</p>

Operational Rules 450-38 mandates JCFJC shall use information obtained during the comprehensive assessment and facility intake procedures to make placement decisions with the goal of keeping all youth safe and free from sexual abuse.

Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status.

Lesbian, gay, bisexual, transgender, or intersex youth shall not be isolated or separated solely on the basis of such identification or status.

Youth at risk of sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards

115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply.

The initial intake and screening process ensure equitable treatment, gives priority to urgent needs and emergency situations, facilitates the identification of youth who have co-occurring conditions, supports access to an integrated assessment process and results in timely initiation of services.

The interviewed PREA Coordinator reported that the facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. ALL youth are placed in the same type of room/cell. They're individual rooms so there is immediate separation for all.

The interviewed staff responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment that the facility places sexual abuse victims and sexual abuse predators completely separate and make sure they do not rotate together.

The interviewed staff responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment that the facility places sexual abuse victims and sexual abuse predators completely separate and make sure they do not rotate together.

The center provided a bright colored poster for staff to elevate the purpose of the Screening Instrument is to predict if a resident is a likely aggressor or likely victim based on several factors.

115.342 (b):

The PAQ requires Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged.

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

Operational Rules 450-38 requires that youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply.

The center has not segregated or removed residents from the program for a PREA incident in the last 12 months.

The facility provided policy during any period of isolation, programs shall not deny students daily large-muscle exercise and any legally required educational programming or special education services. Students shall also have access to other programs and work opportunities to the extent possible.

In interview with the facility superintendent the center does not utilize isolation unless the youth is on an active suicide alert that would rise to the level of one-on-one constant supervision. The center only has single rooms which are located with a center day room with rooms on each side. It would be impossible to completely isolate residents.

115.342 (c):

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

The facility provided JCFJC Operational Rules 450-38 PREA Policy which clearly document Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in housing, bed, or other assignments solely based on such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status is not an indicator of likelihood of being sexually abusive.

PREA policy requires that lesbian, gay, bisexual, transgender, or intersex students shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The facility indicated they have not housed a transgender or intersex youth at the

center.

The PREA Coordinator interview indicated OEJDD does not have special housing units for LGBTI youth.

115.342 (d) – (f)

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

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.

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

The facility provided JCFJC Policies and Procedures which clearly indicates When assigning a transgender or intersex youth to a male or female facility, staff shall consider on a case-by-case basis 1) whether a placement would ensure the youth's health and safety and 2) whether the placement would present management or security problems. Serious consideration shall be given to the youth's own views with respect to his or her own safety.

Such placements and programming assignments shall be reassessed every six (6) months to review any threats to safety experienced by the youth. Serious consideration shall be given to the youth's own views with respect to his or her own safety.

There was no transgender resident at the center during the on-site audit. In interviews with the facility administrator the decision of placement of resident is part of a continuing care program that includes the community staff, the assessment center, parent or legal guardians, youth and DJJ medical administrator.

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

Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the students transgender or intersex student's own views with respect to his or her own safety shall be given serious consideration.

The interviewed PREA compliance manager reported that all youth are housed in individual cells/rooms, regardless of gender identity.

The interviewed PREA Coordinator reported that the facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. ALL youth are placed in the same type of room/cell. They're individual rooms so there is immediate separation for all.

115.342 (g)

The PAQ requires transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The facility provided JCFJC Operational Rules 450-38 PREA Policy which indicates transgender and intersex residents are offered the opportunity to shower separately from other residents. The facility did have a transgender or intersex resident during the audit period.

Random staff interviewed indicated that all residents are showered separate from each other. The center average population is 7 and the present population is 9. Male and females are housed in the one housing unit and are showered separate from each other.

115.342 (h)(i)

The PAQ requires If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

According to interviews with the facility administrator, the facility does not use isolation to separate residents. Therefore, the center does not have a policy for placement over 30 days. If the center does not feel they can protect the residents by placing them on one-on-one supervision, removing the predator or staff, then the center would ask for another facility to provide housing for the youth. We have had PREA from the first standards that were published and have never had to isolate a resident and have never had a PREA allegation of sexual abuse or harassment.

During a tour of the facility the auditor did not find any rooms that were isolated from other residents. In interviews with staff, all indicated they would never isolate a resident for fear of being sexually abused.

Compliance with this standard was determined by review of the screening instrument, interviews with random staff, PREA compliance manager, and facility superintendent.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.351	Resident reporting
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 1158 371">Evidence relied upon in making the compliance determination</p> <p data-bbox="279 412 895 445">JCFJC Operational Rules 450-38 PREA Policy</p> <p data-bbox="279 486 587 519">PREA Training Manual</p> <p data-bbox="279 560 857 593">Mail and phone procedures. (site review)</p> <p data-bbox="279 633 764 667">Youth reporting Posters Interviews</p> <p data-bbox="279 707 544 741">Random Residents</p> <p data-bbox="279 781 663 815">PREA compliance manager</p> <p data-bbox="279 855 475 889">Random Staff</p> <p data-bbox="279 929 448 963">115.351 (a)</p> <p data-bbox="279 1003 1461 1149">The PAQ requires the agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="279 1189 1270 1223">The PAQ mistakenly indicated the center does not have internal ways.</p> <p data-bbox="279 1263 1477 1330">The facility provided Operational Rules 450-38. PREA Policy, youth reporting posters, and PREA intake education.</p> <p data-bbox="279 1370 1477 1695">The Jackson County Family Juvenile Center PREA Policy states that “JCFJC shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. JCFJC employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the PREA Compliance Manager”</p> <p data-bbox="279 1736 1466 1937">PREA posters provide guidance to the residents on the multiple ways to make a report. Onsite the auditor observed that posters were placed throughout the facility along. In addition, there were grievances boxes located in the housing area. Near the grievance boxes there were accessible forms ready for the residents or staff to complete a grievance.</p> <p data-bbox="279 2018 1458 2085">One of the Poster indicates: If you, or someone you know, are experiencing sexual abuse or sexual harassment, Detention wants to know. We want you to report right</p>

away! Why? • We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. • We will conduct an investigation of the reported incident. • We will hold the perpetrator accountable for his/her actions. • We want to provide YOU with relevant information and support services.

HOW TO REPORT Detention offers multiple ways to report sexual abuse and sexual harassment. • Call Missouri Child Abuse & Neglect Hotline at 1-800-392-3738. • Report to any staff, volunteer, contractor, or medical or mental health staff. • Submit a grievance or a sick call slip. • Report to the PREA coordinator or PREA compliance manager. • Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (816) 435-4700. • You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

The Resident handbook was reviewed and contained the same information.

115.351 (b):

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

Jackson County Family Juvenile Center Operational Rules requires the facility shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment

to agency officials, allowing the resident to remain anonymous upon request. Residents may call the Child sexual abuse hotline. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. The facility also has the national child abuse hotline posters located throughout the center.

A resident can request writing materials to write and send a letter to one of these resources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access to the telephone. Residents indicated they use the same phones to make calls to their parents, legal guardians, and attorneys.

The auditor called the child abuse hotline and spoke to a staff responsible for taking the report. She indicated she would notify the Out of Home Investigator, community Division of Child Services, facility superintendent and local law enforcement if it rose to that level. Staff indicated that anyone could call the child abuse hotline including anonymous reports. The same system will be applied in notification when a third

party or anonymous person makes a report.

115.351 (c):

The PAQ requires staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The JCFJC Operational Rules 450-38 PREA Policy requires any staff, contractor(s), or volunteer(s) who receives a report of sexual misconduct or possible sexual misconduct must ensure that it is reported to the Child Abuse hotline, local law enforcement if criminal in nature. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. Apart from reporting to supervisors or officials and designated state or local service agencies, staff are prohibited from revealing any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff who follow up to report the allegations shall not be afforded anonymous status.

All staff, contractors, and volunteers are required to immediately report any knowledge, suspicion, or information received regarding 1) any incident of sexual misconduct that has occurred in a facility; 2) retaliation against youth or staff who report sexual misconduct; and 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the Child Abuse Hotline, local law enforcement if criminal in nature, as required by mandatory reporting laws and Department policy.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third party reports and to document verbal reports. All staff and residents interviewed revealed they are familiar with the provisions of the standard.

All of the residents' interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/ grievance or Medical Request Form, or through a third-party. Nine residents interviewed were aware third-party reports could be made and that reports could be made anonymously.

Staff members interviewed were aware of their duty to receive and document third party reports. Staff indicated they would accept a verbal report, complete

an incident report, notify the shift supervisor Child Abuse hotline as soon as possible not to exceed three hours.

115.351 (d):

The PAQ requires the facility shall provide residents with access to tools necessary to make a written report.

The facility provides residents with access to tools necessary to make a written

	<p>report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit the auditor observed the accessibility of writing utensils to the residents.</p> <p>The administrator and staff must immediately notify the Sexual Abuse Hotline. Staff and the Facility Administrator confirmed that staff may report directly to the facility administrator, and she will coordinate with the staff to call sexual abuse hotline local law enforcement and legal guardian.</p> <p>115.351 (e):</p> <p>The PAQ requires the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>PREA Policy provides staff may make anonymous reports of sexual abuse and sexual harassment of residents to their local law enforcement, Child abuse hotline or facility superintendent or the PREA Coordinator. Reporting posters were located in the staff break area.</p> <p>All staff interviewed knew of the ways they could make an anonymous report.</p> <p>Compliance was determined by reviewing posters, policy, and interview with staff, calls to child abuse hotline, and PREA Coordinator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Jackson County Family Juvenile Center Grievance detention protocol</p> <p>Master log for all grievances</p> <p>Interviews with</p> <p>Staff</p> <p>Resident</p> <p>Grievance Coordinator</p>

15.252 (a):

The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

Resident may file a grievance regarding sexual abuse or sexual harassment. However, the superintendent will forward the grievance to the Child Abuse hotline within 3 hours of receiving the grievance. The facility will not undertake investigations of the grievance, however if it is an emergency grievance and the resident claims or appears to be imminent danger or if the grievance claims staff member sexual abuse, the facility director will take immediate steps to protect the resident, to preserve the crime scene and to remove the staff from the areas where the resident is housed or placed staff member on administrative leave pending investigation. Instructions on how to file grievances are provided to residents on Resident Handbook and PREA posters

The Jackson County Family Juvenile Center Manual of Policies and Procedures, has a procedure in place to manage and respond to grievances. More specifically the policy states that:

Grievance Detention Protocol

115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. JCFJC does not impose a time limit on any portion of grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse.

15.252 (c): Based on facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility Director or PREA Coordinator. If a third-party file grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing and when a response should be available. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level. If the agency is not able to conduct the investigations and notify the resident in the time permitted by the policy, the agency may notify the resident of the inability to respond, the purpose of the delay and the time when the investigation will be completed.

	<p>115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In an interview with the PREA Compliance Manager and on information provided in</p> <p>Based on the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p>115.252 (f): Residents may file an emergency grievance if they feel they are subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Director designee will ensure that immediate corrective action is taken to protect the alleged victim. The allegation will be reported to the Child Abuse Hotline within 3 hours of receiving the report or being made aware of a resident that is at risk of sexual abuse.</p> <p>115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.</p> <p>Staff and residents interviewed were aware of the grievance system and how to access forms and pencils and were aware of the location of the grievance box.</p> <p>The grievance coordinator interviewed indicated that she would immediately report any allegation to the Child abuse hotline and PREA compliance manager. If it were an emergency grievance she would notify the facility administrator and take immediate action to protect the youth.</p> <p>Compliance was determined by reviewing the policies, interviewing PREA compliance managers, residents, and presence of grievance provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents in the residents' handbook and PREA posters.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determination Operational Rules 450-38 PREA

Immigration Services – Service Provider Homeland Security telephone number

Letter to request reentry into an MOU with Metropolitan Organization to Counter Sexual Assault (MOCSA)

National Child Abuse Hotline Poster

Victim Advocate Posters

Resident Handbook

Interviews with

Facility Superintendent

PREA Compliance Manager

Residents

115.353 (a):

The PAQ requires the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The facility provided Poster and Resident handbook information on contacting the Metropolitan Organization to Counter Sexual Assaults (MOCSA) and a letter address to the director of that program to reestablish the emotional support MOU.

JCFJC Operational Rules mandates the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. JCFJC ensures residents are provided with access to confidential support services.

There are posters located throughout the facility regarding US Citizenship and

Immigration Services and corresponding address and telephone number.

Nine residents were interviewed regarding the victim emotional support hotline. Seven were aware of the program, the program services, and how to contact the program, that the calls were free. The residents indicated you just have to ask for a call and staff would allow you to call and let you use the private office next to the housing unit. and you could call at any time.

115.353 (b):

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

The facility provided Operational Rules 450-38 PREA and contracts with ten licensed counselors to provide emotional support. While this could be a solution it would require a telephone number and address that would be free and the resident could utilize a private office. The center had an MOU with the MOCSA program and allowed residents to utilize the program. When contacted the MOCSA staff indicated the program has a crisis center hotline, provides emotional support staff and victim advocates

Operational Rules 450-38 require the center to inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. When contacted by phone the center's staff explained they always tell the caller that the telephone calls are confidential.

115.353 (c):

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

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to residents.

115.353 (d):

The PAQ requires the facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The facility provided PREA Policy -Mail and Detention and Resident Handbook. The Handbook includes:

- a. Correspondence with custodians, legal representatives, juvenile officers, and governmental agencies may be sent and received without approval.
- b. Correspondence with other family members, friends, and businesses shall require the approval of the custodian. The assigned Juvenile Officer may also restrict correspondence that the custodian has otherwise approved, on the basis that such correspondence may impede investigation of illegal activity or if the person whom the resident juvenile wishes to correspond is under court jurisdiction for delinquent behavior.

It further states that "Approved correspondence shall be opened by the Detention Superintendent/Assistant Superintendent or their designee in the presence of the juvenile to whom the correspondence is addressed. Designated staff will inspect for contraband by checking inside the envelope and by unfolding and opening up the enclosures. If the correspondence contains cash, checks, or other monetary instruments the amount received shall be documented on the Juvenile's mail log and given to the Superintendent to be returned to the sender. Approved correspondence shall not be read by staff and all approved correspondence shall be given to the juvenile to read" The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. Residents indicated they are allowed to call their parents two times a week and can make a private call in an office if they need to talk to the parents/legal guardian about legal or private matters.

According to an interview with the facility superintendent. We are a detention center and the majority of our resident are awaiting court therefore attorneys or residents can request telephone calls and the facility will make arrangement to make the calls.

If the attorney comes to the center, they will be allowed to talk to the residents. If the resident wants to call their attorney, all staff know that the resident is allowed to call their attorney at any time, and we are required to no deny him or her legal representation.

The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members.

All residents interviewed stated families could visit and they provided the days and times of visitation and for phone calls. The resident indicated the staff dial the number and then allows them to take the phone into their room to talk to their attorney or parents.

	<p>The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal. The residents can contact their attorney by requesting an attorney call and staff will expedite the call and let the resident call from a private office.</p> <p>The PREA compliance manager indicated that attorneys or residents can set up a call time and the residents is allowed to use one of the cell phones located in the control room and used a private office to talk to their attorney.</p> <p>The PREA compliance manager indicated they do the same thing with parents if it is an emergency or if the resident needs to talk to parents about private matters.</p> <p>Residents interviewed formally and informally while touring the facility indicated they are allowed to visit their families and are allowed to talk privately with their parents or legal counsel.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determination Posted Information PREA Brochure</p> <p>Jackson County Family Juvenile Center - Third Party Reporting</p> <p>115.354 (a)</p> <p>The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The center provided PREA Policy posted third party reporting procedures and family, volunteers and contractors PREA Brochure.</p> <p>PREA Policy - Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through websites provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a resident.</p>

	<p>All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child abuse hotline and local law enforcement if required</p> <p>Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information.</p> <p>Reporting Posters were posted in the visitation room during the audit and the main lobby of the facility. The posters contain phone number and the various ways for families to make notification of sexual abuse or sexual harassment to facility of Division of Children Services. The poster a brightly colored and was the center also had the reporting to the National Child Abuse Hotline located in the visitation area.</p> <p>The Family Brochure is located in the lobby prior to entering the center. It provides the family ways to make a report including reporting to an outside entity.</p> <p>The auditor called this number and reached a staff member to receive the report.</p> <p>The PREA auditor called the Youth services hotline from his personal telephone and reached a live person.</p> <p>During the onsite portion of the audit, the auditor observed the flyers for the crisis hotlines, DFS hotline, parent pamphlet and PREA poster in the waiting area and on the resident living units.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination JCFJC PREA Operational Rule – 24 361</p> <p>State of Missouri Mandatory Reporting Laws Interview</p> <p>PREA Compliance Manger Facility Administrator Random Staff</p> <p>115.361 (a) (b):</p> <p>The PAQ requires The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities</p>

that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

The facility provided JCFJC PREA Operational Rule – 24. 36, Missouri Law and Staff PREA Education and Training.

Missouri law 210.115 RS Mo Reports of abuse, neglect, and under age eighteen deaths — persons required to report — supervisors and administrators not to impede reporting — deaths required to be reported to the division or child fatality review panel, when — report made to another state, when — unaccompanied or homeless youth. — 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, volunteer or personnel of a community service program that offers support services for families in crisis to assist in the delegation of any powers regarding the care and custody of a child by a properly executed power of attorney pursuant to sections 475.600 to 475.604, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal investigation shall be initiated until such a report has been made. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.

2. If two or more members of a medical institution who are required to report jointly have knowledge of a known or suspected instance of child abuse or neglect, a single report may be made by a designated member of that medical team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter immediately make the report. Nothing in this section, however, is meant to preclude any person from reporting abuse or neglect.

3. The reporting requirements under this section are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. No person making a report under this section shall be subject to any sanction, including any adverse employment action, for making such report. Every employer ensure that any employee required to report pursuant to subsection 1 of this section has immediate and unrestricted access to communications technology necessary to make an immediate report and is temporarily relieved of other work duties for such time as is required to make any report required under subsection 1 of this section.

4. Notwithstanding any other provision of sections 210.109 to 210.183, any child

who does not receive specified medical treatment by reason of the legitimate practice of the religious belief of the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall not be found to be an abused or neglected child, and such parents, guardian or other persons legally responsible for the child shall not be entered into the central registry. However, the division may accept reports concerning such a child and may subsequently investigate or conduct a family assessment as a result of that report. Such an exception shall not limit the administrative or judicial authority of the state to ensure that medical services are provided to the child when the child's health requires it.

5. In addition to those persons and officials required to report actual or suspected abuse or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such person has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect.

6. Any person or official required to report pursuant to this section, including employees of the division, who has probable cause to suspect that a child who is or may be under the age of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the appropriate medical examiner or coroner. If, upon review of the circumstances and medical information, the medical examiner or coroner determines that the child died of natural causes while under medical care for an established natural disease, the coroner, medical examiner or physician shall notify the division of the child's death and that the child's attending physician shall be signing the death certificate. In all other cases, the medical examiner or coroner shall accept the report for investigation, shall immediately notify the division of the child's death as required in section 58.452 and shall report the findings to the child fatality review panel established pursuant to section 210.192.

7. Any person or individual required to report may also report the suspicion of abuse or neglect to any law enforcement agency or juvenile office. Such report shall not, however, take the place of reporting to the division.

8. If an individual required to report suspected instances of abuse or neglect pursuant to this section has reason to believe that the victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, the person required to report such abuse or neglect may, in lieu of reporting to the Missouri children's division, make such a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of such other state. If such agency accepts the report, no report is required to be made, but may be made, to the children's division.

9. For the purposes of providing supportive services or verifying the status of a youth as unaccompanied or homeless for the purposes of accessing supportive services, the fact that a child is an unaccompanied youth as defined in 42 U.S.C. Section 11434a(6) is not, in and of itself, a sufficient basis for reporting child abuse or neglect, unless the child is under sixteen years of age or is an incapacitated

person, as defined in section 475.010. Nothing in this subsection shall limit a mandated reporter from making a report under this section if the mandated reporter knows or has reasonable cause to suspect that an unaccompanied youth has been or may be a victim of abuse or neglect.

JCFJC shall require all employees to respond and report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The Jackson County Family Juvenile Center (JCFJC) PREA Policy states that “JCFJC shall require all employees and external service providers to comply with Section 210.115 RS Mo mandatory child abuse reporting laws”

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions

115.361 (c):

The PAQ requires Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

The facility provided JCFJC PREA Operational Rule – 24 361 and staff training.

Agency Reporting Duties policy indicates that only designated employees specified by policy should be informed of the incident in order to respect the victim’s privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive, and non-judgmental.

Twelve random staff were interviewed. Each of the people interviewed knew they were mandated reporters and were aware that they report to their shift supervisor

and Child abuse hotline and only to another person on a need-to-know basis. All staff interviewed indicated they are able to make an anonymous report calling the Child abuse hotline or speaking to the PREA coordinator or facility director in private.

115.361 (d):

The PAQ requires (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.

JCFJC PREA Operational Rule – 24 361 mandates medical and mental health comply with State Law. The center provided 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.

Within the State of Missouri: 1-800-392-3738

Outside the State of Missouri: 1-573-751-3448

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

In interviews with the medical and mental health staff that are contracted part-time employees, each were aware of their duties to report their duties to inform residents of their reporting duties. Neither have had an allegation reported to them at the center.

115.361 (e):

The PAQ requires 1) 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 case worker 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.

The facility provided interviews with PREA Compliance Manager and Superintendent and JCFJC Operational Rules.

Operational rules provide that 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) 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.

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

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 interviewed PREA compliance manager reported that when the facility receives an allegation of sexual abuse call they will call the Child Abuse/Neglect Hotline.

Following the call, the reporting staff is required to write a report and send info to JO/SC (or contact them via phone with information). It's the JO's and/or SC's that contact parent/guardian should they be able to do so. If the victim is under the guardianship of the child welfare system, the caseworker will coordinate that communication. The facility employees are advised to make every attempt to report within 24hrs; however, they have 72hrs as a safety net. If a juvenile court retains jurisdiction over the victim, they are informed within 24 hours of any allegations of sexual abuse.

The interviewed Superintendent reported if there is an allegation of sexual abuse or sexual harassment the allegation is reported to them and then she would report through the hotline number to be investigated. Missouri Children's Division will investigate for sexual harassment. We would notify probation or case workers so they could let parents and guardian know. This would occur immediately.

115.361 (f):

The PAQ requires 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 provided JCFJC operational plan and staff training:

Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any

	<p>staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. The Administrator or highest-ranking staff on duty will notify child abuse hotline immediately when informed of an allegation of sexual abuse or sexual harassment. The facility staff on duty will immediately notify Local Law Enforcement of any allegation that is criminal in nature.</p> <p>Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.</p> <p>The center has not had an allegation of sexual abuse or sexual harassment in the last three PREA cycles.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>Interview</p> <p>PREA Compliance Manger Facility Administrator</p> <p>Random Staff PAQ</p> <p>115.362 (a)</p> <p>The PAQ requires when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents.</p> <p>The center provided Operational Rules 450-38 PREA Policy which requires staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety during the intake process and during the administration of Screening assessments.</p> <p>Operational Rule require that if the residents allege, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility administrator. These staff will then determine the best options to protect the victim. The staff will then follow the</p>

	<p>mandatory reporting steps. There have been no instances where residents were in imminent danger of sexual abuse.</p> <p>During the formal interviews with residents the auditor asked each resident about their feelings of safety at the center. All residents indicated they felt safe and the staff at the center were available to them if they had any concerns.</p> <p>The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse, they will separate the involved parties, move them to a safe location, immediately contact the shift supervisor and facility superintendent. Such actions will be taken immediately.</p> <p>The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, JCFJC would immediately remove the resident from the immediate danger/unsafe zone until less restrictive measures can be found. We would make sure that the resident/victim is not in contact with any perpetrator that the resident is at risk of imminent sexual abuse with. It is expected that staff will respond immediately.</p> <p>The interviewed Superintendent reported that when they learn that a resident is at substantial risk of imminent sexual abuse staff are trained to immediately separate the resident. We may have to change cells, monitor daily logs, etc. Check to see if there are other potential red flags. It is expected that staff will respond immediately.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>Reporting to sending facility</p> <p>Statement of Fact Interviews</p> <p>Facility Administrator Agency Head</p> <p>115.363(a-d)</p> <p>The PAQ requires upon receiving an allegation that a resident was sexually abused</p>

while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The agency shall document that it has provided such notification.

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The JCFJC Operational Rules 450-38 PREA Policy states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the assistant superintendent or superintendent shall notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately that a hot line report is being made on behalf of the reporting resident.

Document will be provided as soon as possible but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager

A corrective action plan was required. The center has amended the policy to indicate the facility superintendent will notify the facility director or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation.

During the past 12 months, there were no allegations received that a resident was abused while confined to another facility.

The agency head indicated in interview that the center must immediately notify the sending center and the Child Abuse Hotline.

The facility superintendent was not aware of the requirement and has notified she has amended the policy and will make the notifications.

Based on the review of the agency Policy and procedures, corrective action plan and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.

Based on this analysis, the facility was not substantially compliant with this provision and corrective action was required.

The center modified the policy and practice and placed the responsibility on the facility superintendent to make notifications to the sending facility administrator or appropriate staff. The center is now fully compliant with this standard.

115.364	Staff first responder duties
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 1158 371">Evidence relied upon in making the compliance determination</p> <p data-bbox="279 412 895 445">JCFJC Operational Rules 450-38 PREA Policy</p> <p data-bbox="279 486 798 519">Incident Report (blank) Staff training</p> <p data-bbox="279 560 627 593">Random Staff interviews</p> <p data-bbox="279 633 456 667">115.364 (a):</p> <p data-bbox="279 770 1469 1263">The PAQ requires Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="279 1303 1426 1382">The facility provided policy JCFJC Operational Rules 450-38 PREA Policy and staff/contractor training.</p> <p data-bbox="279 1422 1477 1498">All staff at the center have been trained on direct supervision and can act in the role of a direct care staff at any time. All staff are also consider first responders.</p> <p data-bbox="279 1538 1469 1693">(JCFJC) PREA Policy states that ““JCFJC residential facility manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse</p> <p data-bbox="279 1733 1398 1812">Upon receipt of notice that any sexual abuse has occurred in the last 72 hours, whether informed by the victim or a third party, take the following actions:</p> <p data-bbox="279 1852 882 1886">First responders protocol training requires;</p> <p data-bbox="279 1924 906 1957">(1) Separate the alleged victim and abuser;</p> <p data-bbox="279 1998 1433 2076">(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p>

	<p>(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p> <p>Twelve staff were interviewed. Each of the staff were able to articulate their responses if a resident makes an allegation of sexual abuse.</p> <p>115.364 (b):</p> <p>The PAQ requires If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>JCFJC indicated that All staff at the center have been trained on direct supervision and can act in the role of a direct care staff at any time. All staff are also consider first responders.</p> <p>Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred.</p> <p>During the last 12 months there were no allegations of sexual abuse that was made by a resident</p> <p>The random staff interview indicated that all staff were aware of the responsibilities to protect the resident, secure the scene, notify the supervisor and remain with the victim until properly relieved. Six of the staff interviewed indicated they would immediately notify the local law enforcement.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determination</p> <p>470-01 Emergency Management Plan Sexual Assault, Abuse or Harassment of a Resident</p> <p>Incident Report (blank)</p> <p>115.365 (a)</p> <p>The PAQ requires the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first</p>

	<p>responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided the Coordinated Response and a flow chart of expected responses by staff which includes coordinate actions of employee first responders, immediate supervisors, and facility leadership in response to an incident of sexual abuse.</p> <p>The center provided a blank incident report that includes all the documentation required in documenting a coordinated response plan.</p> <p>The interviewed Superintendent reported that the facilities coordinate response is that initially direct care staff they are going to ensure safety with the victim, separate involved parties, make sure that they are not tampering with the evidence (no shower, change of clothes, leave site in tac), they will notify me and I will contact the local PD office and making a hotline call. Contract with the CAC and they would be involved as well, they would take care of the forensic. We would offer the follow up for emotional supportive services. We also allow the residents the opportunity to have a community victim advocate to offer support services.</p> <p>Compliance was determined by review of the Coordinated Response to an Allegations of Sexual Abuse and interviews with random staff. The facility administrator, shift supervisors, and random staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Statement of Fact</p> <p>Not applicable to Jackson County Family Juvenile Center since it does not had a collective bargaining agreements.</p> <p>In interviews with the Facility agency head, neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and</p>

	corrective action is not required.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon making the compliance determination Retaliation Log (blank)</p> <p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>Interviews with Agency Head</p> <p>Facility Administrator</p> <p>Staff that conducts Retaliation Monitoring</p> <p>115.367 (a):</p> <p>The PAQ requires the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>The facility provided Operational Rule - Agency Protection Against Retaliation, and related forms and a staff member collateral duty to monitor for retaliation.</p> <p>JCFJC requires for 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, cottage or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there were no retaliation for reporting allegations of sexual abuse or sexual harassment.</p> <p>JCFJC provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level JCFJC provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.</p> <p>JCFJC's obligation to monitor shall terminate if JCFJC determines that the allegation</p>

is unfounded.

The center has developed a document for retaliation monitoring. During the last 12 months there has been no allegations of sexual allegation of sexual abuse that is being monitored for retaliation.

At JCFJC the PREA compliance manager monitor for retaliation.

The center compliance manager indicated that he would meet with the staff and residents and explain the retaliation monitoring process.

115.367 (b):

The PAQ requires the agency employs 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 provided 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 administrator interviewed that she would meet with the youth as soon as the incident was reported, and they would ask him/her about their safety concerns and make immediate accommodation as needed to protect the resident and staff.

The interviewed staff charged with monitoring for retaliation reported that their role in preventing retaliation against residents and staff who reported sexual abuse or sexual harassment, or against those who cooperated with sexual abuse or sexual harassment investigations by keeping victim and predator separate, and let the kids know of the supportive services available. The different measures taken include rotating residents separately from accused. Have them in non-contact. When asked do you initiate contact with residents who reported sexual abuse it was reported that we would make contact and check in at least once a shift.

The retaliation monitors and facility administrator indicated they would provide resident housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services.

The interviewed agency head reported that they will protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. JCFJC has the ability to have the resident go to different dayrooms and rotate youth separately to avoid contact. Conduct will be monitored, reassignments of employees involved will be amended, periodic status checks with youth, log review, etc. JCFJC should also consistently offer emotional support through "seeing a counselor" or obtaining extra

support from a Community Victim Advocate. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the resident and/or employee should be monitored, and quick action should be administered to remedy any type of retaliation.

115.367 (c):

The PAQ requires for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility provided JCFJC PREA Policy which requires the facility will monitor residents for the 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 changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Retaliation monitoring would occur for 90 days or longer to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. There have been no incidents of retaliation during the 12 months preceding the audit.

115.367 (d):

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

Operational Rule indicates that in the case of residents, such monitoring shall also include periodic status checks. The Retaliation monitor indicated status checks would be initiated with staff and residents.

In interviews with the facility administrator and retaliation monitors, both indicated that they see the youth at the center almost every day and usually five to ten times a day and they conduct status check with all youth on a daily basis, The indicated they are required to document monitoring. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing motoring and use of the Retaliation Status Checklist.

115.367 (e):

	<p>The PAQ requires 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.</p> <p>JCFJC PREA Policy and interviews with the agency head and facility administrator were provided by the facility.</p> <p>JCFJC PREA Policy indicated If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member</p> <p>The facility administrator indicated he would monitor staff that report and/or cooperate with any investigations. The retaliation monitor interviewed indicated they would meet with the resident on a weekly basis to assure there are no retaliation for reporting sexual abuse or sexual harassment.</p> <p>The agency head indicated in interview that we have a policy and trained staff to monitor retaliation. We can separate victims from abusers, place staff on no contact or administrative leave and at the last resort would be to move the abuser or victim to a nearby detention center.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and a corrective action is not required.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination Statement of Fact</p> <p>Facility PREA Response Plan</p> <p>JCFJC Operational Rules 450-38</p> <p>Interviews</p> <p>Facility Administrator</p> <p>Medical and Mental Health Staff</p> <p>115.368 (a):</p> <p>The PAQ requires Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p>

	<p>JCFJC Operational Rule states that “Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply.</p> <p>The facility indicated no residents have alleged sexual abuse in the past 12 months.</p> <p>The facility superintendent indicated in an interview that the center does not utilize isolation of youth.</p> <p>Operational Rules indicates that youth kept separate to reduce the risk of victimization shall have access to all requirements of 115.342.</p> <p>The facility’s administrator interview confirmed compliance with this standard. According to the facility administrator there has been no time when a resident was separated or isolated from other resident for an allegation of sexual abuse or harassment or fear of being sexually abused.</p> <p>In conducting the tour of the center, it was noted there were no isolated rooms in the facility.</p> <p>Compliance was determined by review of policy, interviews with facility administrator, PREA compliance manager and random staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA - 24</p> <p>Investigation manual for OHI</p> <p>Memo from Missouri Director of Children’s Division for Out of Home Investigator Interviews</p> <p>OHI investigator Facility Administrator PREA Coordinator</p> <p>115.371 (a):</p>

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

The facility provided JCFJC Operational Rule 24, memo from Director of Out of Home Investigation and OHI investigative manual.

The JCFJC PREA Policy requires that JCFJC shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. JCFJC has conveyed the PREA requirements to appropriate external investigating agencies. When outside agencies investigate sexual abuse and sexual harassment, JCFJC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (p. 9).

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".

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.

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.

The interviewed staff reported that an investigation for an allegation of sexual abuse or sexual harassment will be initiated immediately. Anonymous or third-party reports would be treated the same and conducted by an external investigator

OHI manual requires investigator begin the investigation within three hours of the report to the Child abuse/neglect hotline.

115.371 (b):

The PAQ requires 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.

15.371 (c):

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

The facility provided JCFJC Operational Rules, staff training and facility response plan.

JCFJC Operational Rules 24, staff training and the facility response plan requires that staff secure the evidence and provide assistance as required by OHI or local law enforcement.

JCFJC PREA Manual indicates staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating”

All staff interviewed were aware of their responsibility to secure the scene and not allowing victims or abuser to destroy the evidence. MSP or OHI will collect evidence when they arrive on scene.

The investigator gathers all surveillance documents, telephone calls recording if available, conducts interviews with resident victim, witnesses, staff on duty, control room staff, and lastly the abuser.

115.371 (d):

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

PREA Manual requires that the agency will not terminate an investigation solely because the source of the allegation recants the allegation.

The interviewed outside agency investigative staff reported that the investigation is not terminated if the source of the allegation recants his/her allegation. We will 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.

115.371 (e):

The PAQ requires 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.

Any criminal investigations are conducted by local law enforcement and would be referred to appropriate jurisdiction for prosecution.

The interviewed investigator reported that all allegations that would rise to the level of referral for prosecution would be addressed by the external investigator.

The director of OHI provided the following excerpt from a memo he sent to the Missouri PREA coordinator; Missouri Children's Division Out of Home Investigation Unit (CD-OHI) investigates allegations of sexual abuse/harassment regarding youth under the age of 18. They receive reports through their hotline number made by staff, the youth, parent, guardian, or external entity on behalf of the youth. If law enforcement is not already involved, CD-OHI unit contacts the appropriate law enforcement agency to co-investigate. Should law enforcement decline to coinvestigate initially, or if the investigation results in the need for criminal charges, CD OHI refers the case for criminal prosecution.

115.371 (f):

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

The interviewed outside agency investigative staff reported that the credibility of all alleged victim, suspect, or witness is done using an unbiased approach.

We would weigh the credibility of the victim, suspect, and witnesses based on other evidence that we gather throughout our investigation. If there is reason to believe that the credibility of anyone that we interview is in question we can always go back for additional interviews or to gather additional evidence to determine the weight, we should in which we should allow that person's statement to hold. We would not ask a victim to submit to a polygraph for any reason. We would determine if additional interviews were needed based on the victim's credibility. We would also determine our findings based on the same.

115.371 (g):

The PAQ requires 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.

JCFJC PREA Manual which includes administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The investigator interviewed reported that the following efforts would be made during the administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse.

The OHI manual explicitly states that the investigator will review staffing plan, staff action, video of the areas, obstacle for providing direct supervision, and staff policies.

115.371 (h):

The PAQ requires 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.

OHI Manual requires investigators 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.

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.

115.371 (i):

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

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.

The memo from the Director of CD- OHI indicated, If law enforcement is not already involved, CD-OHI unit contacts the appropriate law enforcement agency to co-investigate. Should law enforcement decline to coinvestigate initially, or if the investigation results in the need for criminal charges, CD OHI refers the case for criminal prosecution.

115.371 (j):

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

retention.

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

115.371 (k):

The PAQ requires 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.

The interviewed outside agency investigative staff reported that the 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 any way.

115.371 (m):

The PAQ requires 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.

JCFJC PREA policy mandates 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. As part of the responsive planning staff are trained in protecting the crimes scene and cooperating with investigative units.

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 facility superintendent indicated in interview that if it were a criminal investigation, she has a good working relationship with the local law enforcement. If it were conducted by OHI, she would contact the director of OHI to stay informed on the investigation.

Compliance was determined by interviews with the facility investigator, PREA coordinator, Agency Head, Agency website and facility superintendent. The center has not had an allegation of sexual abuse or sexual harassment in the last three PREA audits. The facility superintendent indicated the center has not had any

	<p>allegations of sexual abuse or sexual harassment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA Policy -24</p> <p>Memo from Director of Out of Home Investigator</p> <p>115.372 (a):</p> <p>The PAQ requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility does not conduct any investigations. Staff investigator was interviewed and indicated were he conduct an investigation the investigation conclusion will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and support the finding of child abuse or neglect by a Preponderance of Evidence. Investigators must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>A memo dated September 24. 2024, 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.</p> <p>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.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

115.373	Reporting to residents
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA Policy -24</p> <p>Notification of Investigation Form (blank)</p> <p>Interviews with Facility Administrator</p> <p>PREA Compliance Manager</p> <p>115.373 (a):</p> <p>The PAQ requires Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The facility provided JCFJC Operational Rule which requires when an investigation into a youth's allegation of sexual misconduct occurring in a facility, the facility shall inform the victim or victim's parent(s) or legal guardian(s) by letter as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Based on an interview with the PREA compliance manager at the conclusion of an investigation the PREA Compliance Manager will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.</p> <p>In the last three PREA cycles there have been no allegation of sexual abuse or sexual harassment to require notifications</p> <p>115.373 (b):</p> <p>The PAQ requires If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>JCFJC PREA Policy Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating agency in order to inform the individual.</p> <p>There were no investigations which required a notification provided to residents.</p> <p>115.373 (c):</p> <p>The PAQ requires following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded)</p>
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whenever: (1) The staff member is no longer posted within the resident's unit; (2)

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

The facility provided JCFJC Operational Rule- investigation that indicates following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d):

The PAQ requires Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility provided JCFJC Operational Rule which indicates following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (e):

The PAQ requires All such notifications or attempted notifications shall be documented.

Policy requires all such notifications or attempted notifications shall be documented. The center has developed a form that for notification to residents of the outcome of investigations that includes a signature from the residents. During the last 12 months there were no residents that was notified of the outcome of an investigation that was completed by the facility.

The center has developed a notification form that includes all requirement of standard 115.373.

Based on review of policy and interviews with PREA compliance manager and facility superintendent it was determined that the agency is in compliance with this standard.

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA Policy - 24</p> <p>Disciplinary sanctions for Staff</p> <p>Interview with Facility Administrator</p> <p>115.376 (a)(b):</p> <p>The PAQ requires staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The facility provided Operational Rule -24 Disciplinary sanctions for Staff, and statement of fact.</p> <p>Operational Rules PREA -24 states</p> <p>a)Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies</p> <p>b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse</p> <p>c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>115.376 (c):</p> <p>The PAQ requires Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed,</p>

	<p>the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>The facility provided Operational Rules that states that JCFJC employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment.</p> <p>In interview with staff, all adverse actions completed at the center are commensurate with the nature and circumstance of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. There have been no adverse action or disciplinary action with staff due to a PREA incident.</p> <p>115.376 (d):</p> <p>The PAQ requires all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>JCFJC PREA Policy indicates all terminations for violations of agency sexual abuse policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal.</p> <p>According to interview with the facility administrator all staff members who are terminated or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated are reported to the local law enforcement unless the activities were not clearly criminal.</p> <p>There has been no adverse action taken against staff for violation of the agency PREA policy or related policies.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination

JCFJC Operational Rules 450-38 PREA – Disciplinary sanctions for Contractors and Volunteers

Interview with Facility Administrator

115.377 (a)

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

The facility provided JCFJC Operational Rules 450-38 PREA and interview with superintendent.

JCFJC Operational Rules 450-38 PREA state JCFJC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer

Contractor or volunteers will be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.377 (b)

The PAQ requires the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility provided Operational Rules 450-38 PREA and interviews with the facility superintendent.

In interview with the facility superintendent she indicated that she has the authority to take remedial measures to prohibit contractor or volunteer from entering the centers. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents.

The Operational Rules state JCFJC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer.

There have been no allegations of sexual abuse or sexual harassment involving contracting and volunteers during the last 12 months.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1158 376">Evidence relied upon in making the compliance determination</p> <p data-bbox="279 409 1445 488">Detention Juvenile Code of Conduct and Sanctions Matrix for Major and Minor Rule Violations</p> <p data-bbox="279 521 724 555">Operational Rules 450-38 PREA</p> <p data-bbox="279 589 339 622">PAQ</p> <p data-bbox="279 667 790 701">Interview with Facility Administrator</p> <p data-bbox="279 734 456 768">115.378 (a):</p> <p data-bbox="279 813 1469 969">The PAQ requires a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="279 1014 1422 1081">The facility provided Operational Rules 450-38 PREA – Disciplinary sanctions and interventions for Youth</p> <p data-bbox="279 1126 1477 1328">The Operational Rules state that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct.</p> <p data-bbox="279 1373 1453 1529">A report of sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate the allegation.</p> <p data-bbox="279 1563 456 1597">115.378 (b):</p> <p data-bbox="279 1641 1465 2000">The PAQ requires Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="279 2045 1430 2078">The interviewed Superintendent reported that disciplinary sanctions on residents</p>

subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would be handled through the current disciplinary Matrix system. They will still have the required programming, however some of the incentives may be removed. We would not use isolation; however we would have the incident investigated by local law enforcement and charge the youth with a criminal offense.

The Operational Rules states that “Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply.

115.378 (c):

The PAQ requires 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.

According to the PAQ and interview with the facility Superintendent when determining what types of sanction, if any, should be imposed, the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior.

115.378 (d):

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

The Operational Rules state that 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 does not offer 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. Medical and mental health services are provided offsite.

The facility director has secured the services of 10 area mental health professional to provide services for residents at the center that are in need of emotional support

or were involved on a resident or resident sexual abuse.

115.378 (e):

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

The facility provided Operational Rules 450-38 PREA indicates the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

JCFJC deems such activity to constitute sexual abuse if it determines that the activity is coerced by the resident.

115.378 (f):

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

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

115.378 (g):

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

The facility provided Operational Rules 450-38 PREA which indicates the center prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Residents interviewed indicated they were advised that they would be discipline for any sexual abuse, sexual harassment or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible to maintain a safe environment for all residents.

The statement of fact indicated during this audit period this facility has not had any incidents that require intervention for residents having sexual conduct.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in make compliance determination</p> <p>Operational Rules 450-38 PREA</p> <p>Health Referral form</p> <p>MAYSI -2 Questionnaire</p> <p>SAVAAC Sexual Assault/Victim Assailant Checklist</p> <p>Interviews</p> <p>Staff that conduct screenings</p> <p>Mental Health Staff</p> <p>115.381 (a)</p> <p>The PAQ required If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The facility provided PREA Policy - MH and Medical Screening which indicates the SAVAAC Sexual Assault/Victim Assailant Checklist is completed on all residents when they arrive at the center. The facility also provided sample of MH referrals and a spread sheet that indicated they date of the youth arrival, date of screening, date of mental health referral, date of MH encounter and date of 60 day reassessment.</p> <p>PREA Policy states if the screening completed indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, JCFJC employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 3 days of the intake screening.</p> <p>If the screening indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, JCFJC employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 3 days of the intake screening.</p> <p>Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law.</p>

Medical and mental health practitioners interview indicated they advised youth when they arrive at the center they are mandated reporters. Both indicated they would obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. The center does not house persons over 17.

The interviewed staff responsible for risk screening reported that all residents are offered Mental Health interviews when they arrive at the center. If a resident has past history of victimization we notify mental health and they see the youth. The youth may decline however we offer a follow-up meeting with a medical and/or medical health practitioner. They sign a form that they have been informed that they can request medical or mental health services during Intake. If they make a request, we plan for the service. This is done on the Medical and Mental Health Screening Form.

115.381 (b)

The PAQ requires If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow up meeting with a mental health practitioner within 14 days of the intake screening.

The facility provided the intake screening forms that all residents are provided that includes a request to see mental health staff or medical staff. The resident handbook also includes that at any time during their stay at the center a resident can request to see a medical or mental health professional.

The Jackson County Family Juvenile Center (JCFJC) PREA Policy states that "If the screening completed indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, JCFJC employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening

The center has brochures and postings educating residents on mental health services for victims of sexual abuse or exploitation. Staff at the center verified that the detention reaches out to allow residents to speak with the MOCSA.

115.381 (c):

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

The facility provided PREA Policy which requires any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners.

115.381 (d):

	<p>The PAQ requires medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>The center provided a consent form that is used prior to reporting victimization that did not occur in an institutional setting for residents that are 18 years or older.</p> <p>Compliance was determined by review of the agency policy and interviews with medical and mental health staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in make compliance determination</p> <p>Operational Rules 450-38 PREA</p> <p>Sample of Medical Care</p> <p>Interview</p> <p>Medical staff</p> <p>Mental health staff</p> <p>Staff at Children Hospital</p> <p>115.382 (a)</p> <p>The PAQ requires resident victims of sexual abuse shall 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.</p> <p>The facility provided JCFJC PREA Policy, list of local providers, and MOA: Child Advocacy Center</p> <p>JCFJC PREA Policy Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>The scope and nature of emergency services shall be determined by medical and</p>

mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the site supervisor.

Treatment services will be provided to all victims of abuse regardless of the victim's willingness to name the abuser or cooperate in any subsequent investigation.

Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident

The facility is attempting to reestablish an MOU with MOCSA and utilizes the Children Hospital for all medical outpatient needs and for SANE.

In interview with the emergency room supervisor (Gay) she indicated the center has a fulltime SART program for children. This includes an inhouse victim advocate and SANE staff. The center indicated they would allow a victim advocate that was qualified and knew the youth to provide the victim advocate services, however they prefer to utilize their trained staff since they can explain our process much better than someone that has not been at a SANE at the Children Hospital.

Prior to the SANE the victim advocate will meet with the child and explain the procedures and remain with the resident during the examination and interview process. The victim advocacy center has staff on duty or on call twenty-four hours a day.

115.382 (b):

The PAQ requires 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.

The facility provided a coordinated response plan.

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. The interviews with clinical staff revealed residents have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. Interviews with Children Hospital indicated there is an on call SAFE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident that has been sexually assaulted.

115.382 (c):

	<p>The PAQ requires resident victims of sexual abuse while incarcerated shall be 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.</p> <p>The facility provided PREA Policy and interview with Children Hospital and medical staff at JCFJC. The Children's Hospital staff indicated that the information about emergency contraception and sexually transmitted infections prophylaxis is part of the SANE process and any child will have follow up services as part of the SANE process. The same information will be provided to victims in the follow-up meeting, examination and mental health follow-up.</p> <p>PREA Policy indicates victims of sexual abuse receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>115.382 (d):</p> <p>The PAQ requires Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The facility provided the JCFJC PREA Policy and PREA Response Plan Following Resident Report mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. The policy revealed emergency services will be provided by medical and mental health staff located in close proximity of the center.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC PREA Operational Rule- Ongoing Medical and Mental Health Services Interview with</p> <p>Children Hospital</p> <p>Superintendent</p>

115.383 (a):

The PAQ requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The facility provided JCFJC PREA Policy and Screening Log Sheet

JCFJC PREA Policy indicates the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The facility superintendent indicated in interview that the facility would provide treatment as indicated as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone that provides information on prior victimization or past predator behavior in order to comply with the standard.

Residents receive a mental health and medical screening upon arrival at the center and can request these services at any time. The center provided a spreadsheet to document mental health referral and evaluations.

The Children Hospital in interview indicated that anyone that goes for a SANE are scheduled for a follow up meeting with the medical, victim advocate, and mental health staff at the hospital.

MOCSA provides ongoing mental health counseling services for residents assigned from their geographic location and makes referrals to Missouri Coalition against sexual victimization.

115.383 (b):

The PAQ requires 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.

The facility provided the Facility PREA Response Plan Following Resident Report includes a provision that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the superintendent and residents confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.

115.383 (c):

The PAQ requires that the facility shall provide such victims with medical and mental

health services consistent with the community level of care.

In interview the medical and mental health staff indicated the services provided to the youth meet or exceed community standards. The nurse indicated the center is located four blocks from the Children Hospital, has agreements with most specialists, has a physician on call and visits the center each week.

Mental health staff indicated that the center has 10 licensed staff with contracts to provide services to the youth assigned at the center.

PREA Policy states that Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards.

115.383 (d-e):

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

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

JCFJC PREA Policy state forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident. 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.

PREA Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.

In interview with the Children Hospital emergency nurse, victims will be offered pregnancy test and provided information on access to lawful pregnancy-related medical services during the SANE process.

115.383 (f)

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

PREA Policy states that "Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards. As part of the intake process, residents complete a medical screening that includes if resident is sexually active. According to an interview with the nurse, all residents are advised of

	<p>sexually transmitted infections and are tested when they arrive at the center.</p> <p>115.383 (g)</p> <p>The PAQ requires treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>JCFJC PREA Policy indicates that all treatment services will be provided at no cost to the victim.</p> <p>115.383 (h)</p> <p>The PAQ requires the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing Vulnerability Assessment.</p> <p>The contracted mental health staff interviewed indicated that all residents receive a mental health screening when they arrive at the center and all residents are rescreened within 60 days of arrival at the center. Any resident that is known resident-on-resident abused would be seen when they first arrived at the center and as soon as it is known by the mental health staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA – Incident Reviews</p> <p>Sexual Abuse Incident form Statement of Fact</p> <p>Review Meeting reports of finding and staff attendance (blank) Interviews with</p> <p>Incident Review Team PREA Compliance Manager Superintendent</p> <p>115.386 (a):</p>

The PAQ requires the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The PAQ indicated there have been no incident review team meetings in the last 12 months.

The facility provided PREA Operational Rules 450-38 PREA and Facility PREA Response Plan Following Resident Report

PREA Policy require at the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using acritical incident review form, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The interview with the PREA Compliance Manager and a review of the form used to document the incident review team's findings indicate the team:

115.386 (b):

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

The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There has been no allegation of sexual abuse that required an IRT meeting.

115.386 (c):

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

The Sexual Abuse Incident Report provides a list of staff who would participate in the meeting. The list includes: Chief JO, Superintendent, PREA Onsite Coordinator, Assistant Superintendent, Shift Supervisor, Medical Personnel, and Mental Health Personnel.

115.386 (d):

The PAQ requires The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing

levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The facility provided a copy of an incident review form. The form included the following:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

Assess the adequacy of staffing levels in that area during different shifts

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings utilizing a critical incident review form. Implement the recommendations for improvement

Document implementation of recommendations or its reasons for not doing so.

A member of the incident review team confirmed that all areas identified above are reviewed in completing and incident review.

115.386 (e):

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

The policy outlines the requirements of the standard for the areas to be assessed by the incident review team.

The interview with the Facility Administrator, review documentation confirmed the incident review team meeting are documented, including recommendations and the document provided to the Facility superintendent.

The interview with the Incident Review Team Member and review of the Incident Review form confirmed the facility prepared a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review.

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination Incident Operations Center PREA FY02023</p> <p>Office of State Courts Administrator (OSCA) PREA data Annual Report 2024 OSCA PREA annual report 2023</p> <p>115.387 (a)(b):</p> <p>The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at</p> <p>The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>The facility provided JCFJC Operational Rule - Data Collection, PREA 2024 Annual Report</p> <p>The Jackson County Family Juvenile Center Operational Rule states that: Data collection regarding alleged sexual abuse shall include the following;</p> <p>a. Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions</p> <p>b. At minimum, an annual aggregation of incident-based sexual abuse data</p> <p>c. Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice</p> <p>d. Maintenance, review, and collection of data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor reviewed the annual report for 2024 and 2023.</p> <p>115.387 (c):</p> <p>The PAQ requires the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>The format used for JCFJC captures the information required to complete the most</p>

	<p>recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ)</p> <p>115.387 (d):</p> <p>The PAQ requires the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Missouri Division of Youth Services.</p> <p>115.387 (e):</p> <p>The PAQ requires the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>Jackson County Family Juvenile Center does not contract for confinement of residents.</p> <p>115.387 (f):</p> <p>The PAQ requires upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>JCFJC policy mandates that upon request, the center shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p>In a review of the reports for the last 5 years the center has not had any allegations of sexual abuse or sexual harassment.</p> <p>The facility PREA compliance manager indicated that she is required to submit an annual report to the State Office of State Court Administrator's office.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination J</p> <p>CFJC Operational Rule - Data Collection - Data Collection</p>

Office of State Courts Administrator PREA data Annual Report 2024

Office of State Courts Administrator PREA data Annual Report 2023

Office of State Courts Administrator PREA data Annual Report 2022

PREA Compliance Manager

Agency Head

PREA coordinator

115.388 (a)(b):

The PAQ requires The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

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

Annual PREA Report for fiscal year 24 and JCFJC Operational Rule - Data Collection - Data Collection recognizes the purpose of conducting annual reports and annual PREA assessments are to 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 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. Further 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.

The agency head indicated the agency compares reports in order to review policies, enhance training.

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. It is reviewed annually. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings. We have not had an allegation of sexual abuse or sexual harassment in the years we have conducted PREA audits. Therefore, there has not been anything to compare with each year.

The agency leadership reviews and approve the after-action plan following the leadership review and sign off on the final report.

	<p>In the reports there is not specific identifying information made available to the public regarding who was involved in any specific matter. It is specified that this information is not included in the report for HIPPA and other privacy considerations.</p> <p>115.388 (c):</p> <p>The PAQ requires the agency's report shall be 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.</p> <p>The annual report is reviewed by PREA coordinator, her supervisor and agency leadership staff and signed by the Agency Head. It is then uploaded to the Missouri Division of Youth Services.</p> <p>The interviewed PREA Compliance Manager reported that data is reviewed and submitted to the appointing authority (Judge).</p> <p>115.388 (d):</p> <p>The PAQ requires the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>JCFJC PREA Policy - Data Collection indicates that all information that is placed on the website will not include personal identities.</p> <p>The interviewed PREA Coordinator reported that If we redact specific material from the report, it is when publication would present a clear and specific threat to the safety and security of the facility. We would indicate the nature of what was redacted.</p> <p>Compliance was determined by reviewing data collections for the preceding three years and reviewing Missouri Division of Youth Services Office of State Courts Administrator website.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>JCFJC Operational Rules 450-38 PREA Policy</p> <p>PREA coordinator Interview</p>

115.389 (a)(b) (c):

The PAQ requires the agency shall ensure that data collected pursuant to § 115.387 are securely retained.

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 at least annually through its website or, if it does not have one, through other means.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The agency provided the JCFJC Operational Rules 450-38 PREA - Data Collection

The JCFJC PREA Policy states that “regarding the security of sexual abuse data collected:

- The Detention Center shall ensure the data is securely retained
- Remove all personal identifiers from published data
- Maintain all data collected and aggregated for at least ten years after initial collection unless Federal, State, or local law requires otherwise”

115.389 (d)

The PAQ requires 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.

The facility provided JCFJC PREA Policy which requires all collected data is maintained for a ten-year period as required by the State of Missouri’s records and retention schedule. According to the PAQ, the aggregated sexual abuse data will be readily available to the public through the agency’s website; the practice is that the report is posted on the Missouri Division of Youth Services website. A review of the annual report verified there are no personal identifiers, and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.

Compliance was determined by reviewing the website and interviewing with the PREA coordinator.

The PREA coordinator indicated that the center superintendent maintains hard copies of the annual report with not retracting information in a lock file cabinet in her office. All other documents that are retracted are loaded into the Division of Child Services and are maintained based on Missouri retention laws.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>https://dss.mo.gov/reports/prison-rape-elimination-act-reports</p> <p>PREA Audit 2022</p> <p>PREA Audit 2019</p> <p>PREA Audit 2016</p> <p>115.401 (a)(b):</p> <p>The PAQ requires 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>The agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>The facility provided JCFJC Operational Rules 450-38 PREA which requires all DJJ facilities be audited every three years for compliance with the Prison Rape Elimination Act</p> <p>The center was audited in 2016, 2019, and 2022 by certified auditors. Each audit was uploaded in https://dss.mo.gov/reports/prison-rape-elimination-act-reports as Contracted Providers Final PREA Audit Full Compliance Reports</p> <p>115.401 (h):</p> <p>The PAQ requires the auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p>During the audit, I was allowed access to all areas of the center. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations. There were no limitations on interviewing staff or residents and no obstacles in conducting tours during waking and sleeping hours.</p> <p>115.401 (i):</p> <p>The PAQ requires the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit</p>

	<p>process. Each document was provided on a timely basis.</p> <p>115.401 (m):</p> <p>The PAQ requires the auditor shall be permitted to conduct private interviews with residents.</p> <p>I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n):</p> <p>The PAQ requires residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Postings were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The information was posted on March 1, 2025. The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to the auditor</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determination</p> <p>Agency website</p> <p>This is the fourth PREA audit for this facility. The previous audits were conducted in 2016, 2019, and 2022. Each audit was conducted by a certified PREA auditor and was located on the agency website at http://dss.mo.gov .</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.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
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	yes

	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?	
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:	yes

	Residents who have speech disabilities?	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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.)	yes
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 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.)	yes
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
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.)	na
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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