

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☐ Final

Date of Interim Audit Report: Click or tap here to enter text. ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: Click or tap here to enter text.

Auditor Information

Name: Robert Manville	Email: robertmanville9@gmail.com
Company Name: Correctional Management and Communication Group	
Mailing Address: 168 Dogwood Drive	City, State, Zip: Milledgeville, Ga. 31061
Telephone: 912-486-0004	Date of Facility Visit: April /2-3, 2025

Agency Information

Name of Agency: 29th Judicial Circuit of Missouri			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 633 South Pearl Ave		City, State, Zip: Joplin, Missouri 64801	
Mailing Address: 633 South Pearl Ave		City, State, Zip: Joplin, Missouri 64801	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input checked="" type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: jaspercountyjuvenile.org			

Agency Chief Executive Officer

Name: Rebecca Hutchison
Email: Rebecca.Hutchison@courts.mo.gov
Telephone: 417-625-3400

Agency-Wide PREA Coordinator

Name: Tiffany Herman	
Email: Tiffany.Herman@courts.mo.gov	
Telephone: 417-625-4300	
PREA Coordinator Reports to: Rebecca Hutchison	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Jasper County Juvenile Detention Center

Physical Address: 530 South Pearl

City, State, Zip: Joplin, Missouri 64801

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☐ State

☐ Federal

Facility Type:

☐ Prison

☐ Jail

Facility Website with PREA Information: jaspercountyjuvenile.org

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Click or tap here to enter text.

Superintendent/Director/Administrator

Name: Tiffany Herman

Email: Tiffany.Herman@courts.mo.gov

Telephone: 417-625-4300

Facility PREA Compliance Manager

Name: Theodore Bullard

Email: Theodore.Bullard@courts.mo.gov

Telephone: 412-625-4300

Facility Health Service Administrator ☐ N/A

Name: Patty Rigby

Email: Patty.Rigby@mercy.net

Telephone: 417-820-6446

Facility Characteristics

Designated Facility Capacity:

8

Current Population of Facility:

1

Average daily population for the past 12 months:

4

Has the facility been over capacity at any point in the past 12 months?

☐ Yes

☒ No

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	12-17	
Average length of stay or time under supervision:	11 days	
Facility security levels/resident custody levels:	High	
Number of residents admitted to facility during the past 12 months:	141	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	105	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	40	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	13	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	29	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1	
Physical Plant		
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1	

<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	2
In housing units, does the facility maintain sight and sound separation between youthful residents and adult residents? (N/A if the facility never holds youthful residents)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.		<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: Click or tap here to enter text.

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: Click or tap here to enter text.

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	April 2, 2025
2. End date of the onsite portion of the audit:	April 3, 2025
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Children's Center of Southwest Missouri
Audited Facility Information	
4. Designated Facility Capacity:	8
5. Average daily population for the past 12 months:	4
6. Number of resident housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	1

Audited Facility Population on Day One of the Onsite Portion of the Audit	
Residents/Residents/Detainees	
8. Enter the total number of residents housed at the facility as of the first day of the onsite portion of the audit:	1

10. Enter the total number of residents with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of residents who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of residents who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of residents who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of residents who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of residents who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of residents who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of residents who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of residents who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of residents who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of residents 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The first day of the audit there was one resident. An additional resident arrived during the audit and was interviewed by the auditor
Staff, Volunteers, and Contractors <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with residents/residents/detainees</i>	
24. 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:	13
25. 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 residents:	2
26. 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 residents:	1

<p>27. 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.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The center contracts with Mercy Hospital to provide a nurse and mental health professional as needed. They are not located at the facility.</p>
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Interviews

Resident/Resident/Detainee Interviews

Random Resident Interviews

<p>28. Enter the total number of RANDOM RESIDENTS who were interviewed:</p>	<p>2</p>
<p>29. Select which characteristics you considered when you selected random resident interviewees:</p>	<p> <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 (describe) I interviewed both residents housed at the center. <input type="checkbox"/> None (explain) Click or tap here to enter text. </p>
<p>30. How did you ensure your sample of random resident interviewees was geographically diverse?</p>	<p>I interviewed both residents housed at the center.</p>
<p>31. Were you able to conduct the minimum number of random resident interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random resident interviews:</p>	<p>Click or tap here to enter text.</p>

<p>32. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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Targeted Resident/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED RESIDENTS who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of residents/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted resident/resident/detainee interviews below, remember that an interview with one resident/resident/detainee may satisfy multiple targeted</i></p>	<p>0</p>
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<p><i>interview requirements. These questions are asking about the number of interviews conducted using the targeted resident/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an resident 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 resident/resident/detainee interview categories will exceed the total number of targeted residents/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	
35. Enter the total number of interviews conducted with residents with a physical disability using the “Disabled and Limited English Proficient Residents” protocol:	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their health.</p>
36. Enter the total number of interviews conducted with residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Residents” protocol:	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their health.</p>
37. Enter the total number of interviews conducted with residents who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Residents” protocol:	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their health.</p>
<p>38. Enter the total number of interviews conducted with residents who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their health.</p>
<p>39. Enter the total number of interviews conducted with residents who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both. Each of the resident spoke English.</p>
<p>40. Enter the total number of interviews conducted with residents who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents 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 residents.</p> <p><input type="checkbox"/> The residents in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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 residents).</p>	<p>I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their sexual orientation and past history of victimization. One</p>

	resident indicated he was straight and the other indicated he liked girls.
41. Enter the total number of interviews conducted with residents who identify as transgender or intersex “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their sexual orientation and past history of victimization. One resident indicated he was straight and the other indicated he liked girls.
42. Enter the total number of interviews conducted with residents who reported sexual abuse in this facility using the “Residents who Reported a Sexual Abuse” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their sexual orientation and past history of victimization.
43. Enter the total number of interviews conducted with residents who disclosed prior sexual victimization during risk screening using the “Residents who Disclosed Sexual Victimization during Risk Screening” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	I interviewed the two residents that were at the center. I reviewed each resident intake screening instrument, medical intake screening and had a conversation with both about their sexual orientation and past history of victimization.

44. Enter the total number of interviews conducted with residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Residents Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. <input type="checkbox"/> The residents in this targeted category declined to be interviewed.
b. If 0, 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 residents).	I interviewed both residents at the center. Neither was in segregation. One resident said he has never been in segregation. The other residents didn't know what segregation was. When explained he said he has never been at the center or any center before last night.
45. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were only two residents at the center.
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
46. Enter the total number of RANDOM STAFF who were interviewed:	8
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) I interviewed all resident at the center during the onsite audit <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	I came to the center on the night shift. I interviewed all staff at the center in one role or the other. The center has one staff assigned to

	the control room and two staff on the floor for the first shift. They have two staff on the floor on the overnight shift and not one in the control room. There were not enough persons working to be interviewed.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><u>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 interview would satisfy multiple specialized staff interview requirements.</u></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Superintendent/Director or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Superintendent/Director or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful residents (if applicable) <input type="checkbox"/> Education and program staff who work with youthful residents (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations

	<input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise residents in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with residents in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (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
57. Did you interview CONTRACTORS who may have contact with residents in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (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 checked="" type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Site Review and Documentation Sampling	
Site Review	
<p><i>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 residents to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with residents during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
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Documentation Sampling
<i>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; resident education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i>

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview
<i>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.</i>

Note: For question brevity, we use the term “resident” in the following questions. Auditors should provide information on resident, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Resident-on-resident</u> sexual abuse	0	0	0	0
<u>Staff-on-resident</u> sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

The center has not had an allegation of sexual abuse or sexual harassment.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Resident-on-resident</u> sexual harassment	0	0	0	0
<u>Staff-on-resident</u> sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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 “resident” in the following questions. Auditors should provide information on resident, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Resident-on-resident</u> sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<u>Staff-on-resident</u> sexual abuse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Total	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

a. If you were unable to provide any of the information above, explain why this information could not be provided.

The center has not had an allegation of sexual abuse or sexual harassment.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Resident-on-resident sexual abuse</u>	0	0	0	0
<u>Staff-on-resident sexual abuse</u>	0	0	0	0
Total	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The center has not had an allegation of sexual abuse or sexual harassment.

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 "resident" in the following questions. Auditors should provide information on resident, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Resident-on-resident sexual harassment</u>	0	0	0	0	0
<u>Staff-on-resident sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The center has not had an allegation of sexual abuse or sexual harassment.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Resident-on-resident sexual harassment</u>	0	0	0	0
<u>Staff-on-resident sexual harassment</u>	0	0	0	0
Total	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

The center has not had an allegation of sexual abuse or sexual harassment.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

- a. If 0, explain why you were unable to review any sexual abuse investigation files:

0

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☐ Yes ☐ No

☒ N/A (N/A if you were unable to review any sexual abuse investigation files)

Resident-on-resident sexual abuse investigation files

75. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)

77. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files)
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Staff-on-resident sexual abuse investigation files

78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	Click or tap here to enter text.
79. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)
80. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	The center has not had an allegation of sexual harassment.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Resident-on-resident sexual harassment investigation files

83. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	Click or tap here to enter text.
84. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)
85. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files)

Staff-on-resident sexual harassment investigation files

86. Enter the total number of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)
88. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files)

<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
<p align="center">Support Staff Information</p>	
<p align="center">DOJ-certified PREA Auditors Support Staff</p>	
<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
<p align="center">Non-certified Support Staff</p>	
<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
<p align="center">Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making Determination of Compliance

Jasper County Juvenile Detention Center (JCJDC) PREA Policy
Jasper County Juvenile Detention Center organizational chart

115.311 (a):

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.

JCJDC provided policy Department of Juvenile Justice PREA Policy

JCJDC PREA Policy states that "Jasper County Juvenile Detention Center (JCJDC) 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 JCJDC. This policy provides the facilities approach to preventing, detecting, and responding to such conduct, within JCJDC”

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.

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 and interview with PREA coordinator.

The Agency organizational chart clearly established that the facility superintendent will serve as the PREA coordinator and reports to the agency head.

The interviewed PREA Coordinator reported that as the facility superintendent she has given most of the responsibility to overseeing PREA to the assistant director who serves as the PREA compliance manager. We are a small center, and I have the time I need to do my PREA responsibilities. I work with our PCM and work as a team. When PREA related issues arise, we work together as a team with our agency head, judge, shift supervisors and with the State Court Administrator to find solutions.

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 coordinator.

According to the agency organizational chart, the agency PREA Coordinator reports to the Judge while the PREA compliance manager reports to the PREA coordinator.

The facility organizational chart provides information on the PREA Compliance manager.

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.

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

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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 comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.312 (b)

- 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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making compliance determination

PAQ

Interview with

PREA Coordinator

PREA Compliance Manager

Based on review of the PAQ the center indicated it had contract with two other detention centers. In conversation with the staff and through verification by email,

the center houses resident from another center. It does not send residents to these centers to be house. Therefore, the standard is not applicable for this center.

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

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented 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, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☐ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☒ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No
☒ NA

115.313 (c)

- In the past 12 months, has the facility maintained 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? ☒ Yes ☐ No
- In the past 12 months, if the facility has not maintained staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours has the facility, has the facility fully documented each instance? ☒ Yes ☐ No

115.313 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.313 (e)

- Has the facility/agency 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? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the

standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

Daily Rosters

PREA Pre-Audit Questionnaire

Staffing Plan - PREA 2024

Staffing Plan - PREA 2023

Annual Assessment 2024

Staffing Deviation Reports

JCJDC PREA Policy

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.

The center provided staffing plans for the last two years, and unannounced rounds documentation.

The Jasper County Juvenile Detention Center PREA Policy states that JCJDC 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

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 8 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 no 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. She reviews the staffing daily schedule each day. There have been no deviation in the staffing plan. We are mandated by Missouri law to have a one to eight ratio during the day and one to sixteen at night.

The staffing plan includes direct care staff and staff that are utilized for transportation, court supervision, and utility staff.

The interviewed with 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 one on each visit. One tour for the overnight shift, the ratio was one to 2 as a new resident had arrived that evening. The population at the center was 1 on the first day and 2 on the second day.

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 JCJDC PREA policy and two annual staffing assessments. Daily rosters and interviews with random staff.

The Jasper County Juvenile Detention Center (JCJDC) PREA Policy states that JCJDC 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 director indicated in an 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.

While touring the facility staff interviewed indicated the line staff and administrative staff 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 an annual assessment for the present year. This is the first year the center has implemented PREA standards, and an assessment was not required prior to implementing PREA.

The PREA Coordinator interviewed indicated that the assessment will occur annually, and a meeting will be held to discuss the staffing plan, necessary revisions, technological adjustments (and how to consider PREA), and other areas that 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 JCJDC PREA Policy, unannounced rounds and interviews with intermediate staff members.

JCJDC 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.

Staff conduct unannounced rounds during each shift. The administrative staff conduct program review unannounced rounds at least once on each shift quarterly. All staff are prohibited from alerting other staff members that these rounds are being conducted.

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.

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 there was only one resident and two staff in the living unit and/or educational class.

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

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches, except in exigent circumstances?
☒ Yes ☐ No

115.315 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility have policies that enables 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 ☐ No
- Does the facility have procedures that enables 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

115.315 (e)

- 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 ☐ No
- If an resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

JCJDC PREA Policy – Cross Gender Search

Female and Male Announcements

Training in Cross gender -gender Searches

Training LBGTQ Cross-gender and transgender pat searches

Training Video on Guidance on Cross Gender and LBGTQ searches Exigent Circumstances Log (blank)

Staff interviews

Resident interviews

115.315 (a):

The PAQ requires the facility shall not conduct cross-gender strip searches or cross- 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 JCJDC PREA Policy – Cross Gender Search, Training Video on Guidance on Cross Gender searches.

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

JCJDC PREA Policy states Detention staff shall not conduct cross-gender strip (visual) searches, nor will staff conduct cross- gender pat searches. Exigent circumstances (an emergency or immediate situation that impacts the safety and security of the staff or detained juveniles) may require this rule to be repealed, if so the circumstances shall be fully documented in Shift Notes.

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 JCJDC, 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.

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

Six staff were interviewed. Every member of staff attended the cross-gender graining and signed a roster for training.

All staff interviewed indicated they had not searched 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 1 resident was housed at the center.

The resident engaged in a conversation during the on-site audit. He indicated he had never been searched by a female staff.

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 JCJDC 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 JCJDC PREA Policy which clearly mandates Transgender or intersex juveniles shall not be strip searched or physically examined for the sole purpose of determining the juvenile’s genital status (physical gender identification). Normal intake procedures will be used. If the juvenile refuses to identify his/her actual physical gender and it is discovered during the searching/showering process that the juvenile is of the opposite physical gender of the staff, the staff shall immediately stop those activities, have the juvenile cover himself/herself and call for a staff of the appropriate gender to complete the intake process; document this fully in Shift notes. 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.

During the tour of the center the auditor had conversations with staff and one resident. All staff indicated they don’t conduct pat searches or strip searches of resident of the other gender.

There was one resident at the center during the onsite audit. The resident indicated he has 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 JCJDC PREA Policy - Searches Cross Gender viewing and searches Training Video on Guidance on Cross Gender and LGBTQ searches and ROP posters located throughout the facility.

JCJDC PREA Policy that this facility to enable residents to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

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.

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

The one resident stated he is 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 the one resident confirm that staff announce their presence and will knock on the door prior to looking in during counts.

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. 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.

The facility provided JCJDC PREA Policy and interviews with staff and residents.

JCJDC PREA Policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, the facility determines 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):

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.

The facility provided training the provide guidance on Cross Gender and transgender pat search facilitator guide developed by the PREA resources center.

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 in intervention techniques. This training included conducting cross gender searches in a professional and respectful manner.

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

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who have speech disabilities? ☒ Yes ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- 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 ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistance 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 §115.64, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

PREA Posters in English and Spanish

Zero Tolerance Poster English– Spanish English and Spanish

Third-Party Posters Resident with Disabilities Training Curriculum

JCJDC PREA Policy

Interpreter Contract

Interpreter Reference Guide

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 Jasper County Juvenile Detention Center PREA Policy, staff training curriculum, interpreter contract, and PREA Posters in English and Spanish

PREA Policy mandates when a juvenile is admitted to the JCJD with a disability or has a limited English proficiency, staff will immediately contact the Superintendent or Assistant Superintendent. The Superintendent or Assistant Superintendent will then take whatever steps necessary to meet the needs of the juvenile and ensure an effective means of communication between the juvenile and is available.

- An English-to- Spanish Phrasebook is available in the control room for staff to use in communicating with a Spanish speaking youth until other arrangements can be made.
- Residents with limited reading skills shall have PREA documents read to them by the designated staff member and a determination of the residents understanding ascertained
- Resident interpreters shall not be used, nor shall they be used as a reader except in the limited circumstances of medical or facility emergency.

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.

JCJDC 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 JCJDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The training curriculum requires that JCJDC 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.

The six staff members interviewed indicated they would use the Language Contract or one of the staff in the juvenile office that is bilingual. They would not use residents to report on behalf of another resident.

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.

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. JCJDC 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 the person being served.

Residents that are special education receive an Individualized Education Program meeting that includes parents, legal guardians, or child advocates.

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.

The resident interviewed was able to articulate the training programs, recalled the intake process and felt safe at the facility.

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.

At the time of the audit there was no resident that was LEP and no resident that was cognitive disabled.

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.

Compliance was determined by review of policy, language line contract, and interviews with clinical supervisor director, education staff, facility administrator.

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

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

115.317 (d)

- Does the agency 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? ☒ Yes ☐ No

115.317 (e)

- 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 ☐ No

115.317 (f)

- 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 ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.) ☐ Yes ☐ No
☒ NA

115.318 (b)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

Interviews with Agency head

Facility administrator

115.318 (a)

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.

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.

115.318 (b)

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.

The facility provided that the center has not modified cameras or monitoring system.

The agency head interviewed indicated that the agency completed a yearly review of cameras software and looking for blind spots in all facilities. There was no additional need for cameras at that time.

The facility director interviewed indicated that the center completed a assessment and noted no additional cameras were needed.

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

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 ☐ No ☒ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐
Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.321 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☐ No ☒ Yes

115.321 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

Jasper County Juvenile Detention Center PREA Policy

Pre-Audit Questionnaire (PAQ)

PREA Youth Posters

Interview with

Children Center of Southwest Missouri

PREA compliance manager

SANE staff from Mercy Medical Center PREA Coordinator

115.321 (a):

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.

The facility provided Jasper County Juvenile Detention Center PREA Policy

The Jasper County Juvenile Detention Center (JCJDC) PREA Policy states that The JCJD shall not conduct the formal criminal investigation regarding reports of sexual abuse or any sexual offenses occurring at this facility.

The Jasper County Sheriff's Department and Child Abuse hotline shall be immediately contacted and that agency shall conduct the investigation. The Superintendent of detention will also be contacted immediately

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 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.

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 Out of Home conduct such investigation involving youth at JCJDC.

The Jasper County Juvenile Detention Center (JCJDC) PREA Policy states that "When outside agencies investigate sexual abuse and sexual harassment, the JCJDC 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 Jasper County Juvenile Detention Center PREA Policy and MOU with Children's Center.

The Policy PREA Policy states that Each victim will be examined by a SAFE (Sexual Assault Forensic Examiner) or SANE (Sexual Assault Nurse Examiner)

as soon as possible: immediately if the sexual offense happened within 24 hrs. of being reported. The law enforcement investigator will make arrangements for said examination. Our area SAFE agency is the Children's Center; 1029 E 7th St, Joplin, MO 64801. The phone number is 417-623-2292. Forensic medical examinations are offered without financial cost to the victim. The Superintendent of the JCJD will arrange for victim advocacy, counseling, and case management if not arranged by law enforcement investigator.

The staff interviewed at the child advocacy center reported that if the resident is brought to the Children's Center or Mercy Medical Center. We provide advocacy support and SANE staff. With the advocates we would also be able to work with the caregiver and provide follow-up phone calls.

The Children's Center provides safe examinations and forensic interviews, plus victim advocacy, counseling and case management.

The center utilized Mercy medical center 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

The facility provided MOU with Children’s Center. The center would provide a victim advocate.

In interview with the PREA compliance manager, they indicated that the MOU includes advocacy, emotional support, SANE examinations, and an emotional support hotline.

The facility has a MOU with the Children’s Center. According to the MOU, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.

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.

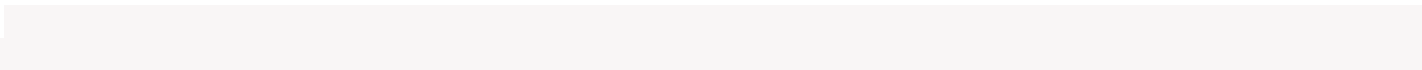
In interviews with Children’s Center, the program would provide victim advocacy and follow up services as required. This includes meeting with the family, attending a court hearing, providing safe haven for the family, and follow-up treatment as needed. This would continue when the youth left the center if they are from the geographical area.

115.321 (f)

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.

The facility does not have an MOU with the sheriff’s office. When Out of Home investigates allegations of sexual abuse or sexual harassment they follow requirement of paragraph (a) through (e).

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



Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

JCJDC PREA Policy

JCJDC Website

Out of Home Investigative manual

115.322 (a & b)

The PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals

The facility provided JCJDC PREA policy and JCJDC website

JCJDC does not conduct criminal investigations for residents related sexual abuse reports. Local Law enforcement and the Division of Youth Services handle such investigation involving youth housed at JCJDC. OH conducts administrative investigation and management reviews, separate and apart from a criminal investigation.

Out of Home Investigative manual mandates that investigation be conducted on all allegations of sexual abuse or sexual harassment. OHI conducts administrative investigations and local sheriff's office conduct criminal investigations.

The interviewed agency head reported that JCJDC shall ensure that an administrative or criminal investigation is completed for All allegations of sexual abuse or sexual harassment. All allegations are referred to the appropriate investigative agencies based upon the victim's age as defined the PREA requirements to appropriate external investigating agencies.

The facility superintendent indicated in interview the center and not had an allegation of sexual abuse or sexual harassment since the implementation of PREA. However, she would notify the Child abuse/neglect hotline, and an Out of Home investigator and/or local sheriff's office would respond to the center. Staff would secure the scene and not let abusers or victim use the toilet, change clothes, brush teeth or any other way destroy evidence.

115.322 (c):

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.

The facility provided Out of home investigative website.

Out of Home Investigative manual mandates that investigation be conducted on all allegations of sexual abuse or sexual harassment. OHI conducts administrative investigations and Jasper County sheriff's office conducts criminal investigations.

Compliance was verified by reviewing policies, procedures, Missouri Division of Child Services website and interviews with agency designee, facility administrator, investigators, staff, and PREA Coordinator.

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

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☒ No
- Does the agency train all employees on all relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

JCJDC PREA Policy- Staff training

Employee training PREA

Acknowledgement form PREA training

2024

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

PREA Resource Center Training (Know how to fulfill your responsibilities under JCJDC

sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)

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

Staff training from Virtual Academy which is copyrighted to not allow to

Distribute. It includes all PREA information and a Quiz.

Interview with Random Staff

115.331 (a):

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 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 JCJDC 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 JCJDC 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 2023/2024 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 JCJDC PREA Policy- Staff training

JCJDC 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 DJJ 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 JCJDC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)

PREA Resource Center Training (Know how to fulfill your responsibilities under JCJDC sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) Virtual Academy PREA training for staff.

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 JCJDC Policy states that "Employees at JCJDC will receive training on PREA procedures and policy every two years provides and with refresher each year 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.

JCJDC mandates that the program shall document, through an attendance sheet which must include staff signature or electronic verification that staff understand the training they have received. Documentation will be kept in employee files.

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.

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.

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

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 ☐ No

115.332 (b)

- 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 ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations Volunteers and

Contractors Training

Volunteers: https://youtu.be/TRqJd_tZh1A

JCJDC PREA Policy

115.332 (a):

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.

The facility provided volunteer and contractor Contract with PREA training curriculum.

JCJDC policy mandates: All volunteers must be approved by the Detention Superintendent and will have child abuse and neglect hot line check ran on them before they will be allowed to volunteer in the facility. A drug test/criminal record may also be requested. Volunteers and support staff shall 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 tolerance and their duties to report and ways they should report.

Contractor Training- All volunteers and contracted providers in Residential and Detention facilities who have contact with youth must be trained in their responsibilities under the Department's sexual misconduct prevention, detection, and response policy and procedures

The center utilized a volunteer training video to aid in volunteer and contractor training.

115.332 (b):

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.

The facility policy indicates volunteer training provides that the level and type of training provided to volunteers and contractors is based on the service they provide and level of contact with youth.

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.

115.332 (c):

The PAQ requires the agency shall maintain documentation confirming that volunteers and contractors understand the training they have received

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. 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. During the last year the center had 2 contractors and 1 volunteer.

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

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? ☒ Yes ☐ No
- 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 ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.333 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determinations

JCJDC PREA Policy

JCJDC PREA Policy PREA acknowledgement form

PREA Brochures (Spanish, and English)

What You Should Know About Sexual Assault/Abuse brochure

A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment) Break the Chains of Silence

Grievance Process No Means

No

Rules and JCJDC

How to Report

[:https://youtu.be/TRqJd_tZh1A](https://youtu.be/TRqJd_tZh1A) -

English

<https://youtu.be/otRw-GmX8xl> -

Spanish Speaking

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 JCJDC PREA Policy, PREA training video, Resident Handbook, Safety First with PREA acknowledgement forms and PREA Brochures.

The Resident Handbook informs the residents about their right to be free from sexual abuse and sexual harassment.

In addition, the residents receive a brochure title What you Should Know Abuse Sexual Assault/Abuse. And “A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment”.

PREA Policy - Resident Training

During the Intake Process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and further, 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.

Within ten (10) days of intake, JCJDC shall provide comprehensive age-appropriate education to residents in person

JCJDC PREA Policy also requires that resident education is provided 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 interviewed intake staff reported that residents are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The information is provided to the residents via the Safety- First manual, video, youth handbook, and information boards in the dayroom. This orientation is conducted as soon as the resident arrives at the center.

The two residents that were housed interviewed indicated they received the resident handbook and PREA brochure when they first arrive at the facility. Staff read the brochure to them and discuss the brochure and explain how to access the telephone and how to contact the emotional support staff.

During the last 12 months 141 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 an interview with the facility superintendent, the resident watches the video within 10 days of arrival at the center. Based on interview with resident it appears the video was shown the day after he arrived at the center. The resident can watch on a television located in the intake area or on a computer screen.

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.

The facility provided Jasper County Juvenile Detention Center PREA Policy which requires that residents receive such education upon arrival or transfer at the facility and shall receive education if they remain at the center more than 10 days.

In interviews with the intake staff all residents have an initial orientation and a

comprehensive education which includes videos, and brochures when they arrive at the center.

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 JCJDC PREA Policy Supplement to policy, numerous poster in English and language line contracts.

Policy 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.

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.

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 facility agency head indicated that the center has all of the resources provided by the juvenile courts they can access to received appropriate resources to provide the training program.

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 acknowledgement forms of Student education.

JCJDC 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 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, poster JCJDC PREA 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.

Poster were located in the multipurpose room, front entrance, intake area, housing unit and dining room. All Poster were multicolored and easy to read. There were no posters that were blocked from being seen. The residents also receive a resident handbook.

They included:

What You Should Know About Sexual Assault/Abuse brochure

A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment) Break the Chains of Silence

Grievance Process No Means

No Rules and JCJDC

How to Report which included the several ways youth can make a report including the child abuse/neglect hotline.

All residents interviewed formally and informally during tour and subsequent visits to the recreation area confirmed that staff talk to them on a daily basis about PREA.

Compliance was determined by review of the agency policies, training curriculum, posters, resident files and interviews with staff and residents.

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

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 ☐ No ☒ NA

115.334 (b)

- Does this specialized training include techniques for interviewing 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 ☐ No ☒ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☐ NA

115.334 (c)

- 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 ☐ No ☒ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determinations

JCJDC PREA Policy

OHI Investigative Manual

OHI staff interview

Memo from PREA liaison staff

115.334 (a):

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.

In an interview with the facility administrator, he indicated that JCJDC does not conduct any form of administrative or criminal sexual abuse investigation. The center notifies the Child Abuse/Neglect hotline who notifies the Out of Home Investigator. OHI or the local law enforcement will conduct all investigations.

This policy and procedures were codified in memo from Missouri PREA coordinator.

Memorandum from Matt Shaon Statewide PREA Coordinator

Contracted Detention Centers PREA Liaison

RE: PREA Standard 115.321 (f)-1 DYS external investigation agencies

DATE: September 24th, 2024

“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 Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arrange for the necessary SAFE/SANE exams and victim advocacy services. As there was a recent change in the individual who supervises the CD-OHI, a meeting was held with the new supervisor to discuss PREA. The supervising manager over CD-OHI unit's name, position and contact information is listed below.

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”.

Though the center does not conduct investigations Children Division of Out of Home Investigative Unit has received specialized training.

115.334 (b):

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.

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

1. Interviewing juvenile perpetrators in the past.
2. OHI does not Mirandize the alleged perpetrators and that is done by law enforcement. We co-investigate with law enforcement.
3. Evidence collection is covered in most STAT Team Trainings and in the Child First Trainings.
4. The criteria to substantiate would also be covered in the STAT Team Trainings and Child First Trainings. Children's Division legal aspects training is mandatory training for investigators and also covers criteria to substantiate. In an email from OHI staff, OHI uses the preponderance of the evidence to substantiate or unsubstantiate a finding. It does not utilize an unfounded finding.

115.334 (c):

The PAQ requires the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

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

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

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

- 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 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 ☐ No ☒ NA
- 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 ☐ No ☒ NA

115.335 (b)

- 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 ☐ No ☒ NA

115.335 (c)

- 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 ☐ No ☒ NA

115.335 (d)

- 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 employed by the agency.) ☐ Yes ☐ No ☒ NA
- Do medical and mental health care practitioners contracted by or 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determinations

PREA Policy

Contractor and Volunteer Training

Curriculum

Acknowledgement of training.

Interview with

Facility Superintendent

Medical Nurse

Mental Health staff

115.335 (a):

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.

The center has does not employ any full time or part time mental health or medical staff. The center contracts with Mercy Medical Center to provide one medical staff that provides up to 18 hours a month for intake, and medical services and one mental health practitioners.

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.

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 agency does not have any medical and mental health practitioners who work regularly in its facility. The contracted staff receive contractor training that is documented.

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 contracted staff received contractor training as verified through interviews with the medical and mental health people and review of the acknowledgement of training.

In an interview with the medical staff, she indicated that she is a full-time employee of Mercy Medical Center, however, the Medical Center provides medical services at the facility for intake and pass out medications when required. I think the contract is for up to 18 hours a month. When I started as the nurse that came to the center, I received training in PREA. We watched a video and discussed PREA. I am a mandatory reporter under Missouri Law and prior to starting the intake medical screening I advise all residents.

In an interview with the mental health professional, I come to the center for usually two hours a week to see residents and to review the MAYSI 2, and Screening form. I had to watch a video about PREA and had a discussion about PREA. I am a mandated reporter and here I report to the closest staff, and then I have to notify the Missouri Child Abuse hotline.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility and periodically throughout the resident's confinement, are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (2) The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical size and stature of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The resident's level of emotional and cognitive development? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (4) Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (5) The resident's current charges and offense history? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (8) Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (9) The resident's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (10) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

JCJDC) PREA Policy

Sexual Assault Victim/Assailant Checklist

SAVAAC Re-Assessment Form Intake

Sheet

MAYSI

Medical/Mental Health Screening form

Interviews

Staff responsible for Risk Screening PREA

coordinator

PREA compliance manager

115.341 (a)(b)

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.

Such assessments shall be conducted using an objective screening instrument.

The facility provided JCJDC) PREA Policy, Jasper County Juvenile, SAVAAC Sexual Assault Victim/Assailant Checklist, and SAVAAC Re-Assessment Form.

JCJDC) PREA Policy PREA within 72 hours of admission and periodically during the juveniles stay in detention, the JCJD shall obtain and utilize information about each juvenile's personal history and behavior to reduce the risk of sexual abuse by or upon a juvenile.

In interviews with the PREA compliance manager and the center director the center rescreens resident every ten days while at the center for a least the first 30 days.

According to the PAQ 105 or 100% were administered the risk assessment within 72

hours of arrival at the center

An objective screening tool shall be used for this assessment.

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 these forms guide the staff and inform them of victims and predatory tendencies.

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

Possible Victim Status:

1. Age 15 or under

2. Small physical stature/Lacking in physical maturity

3. Developmental disability or mental illnesses 4. First time in a detention facility

5. Perceived to be Homosexual, Bisexual, Transgender, Intersex or Non-Conforming

6. Any incidents of consensual sex in a facility 7. History as a victim of sexual abuse or sexual assault

8. Very low maturity level

9. Physical disabilities

10. Juvenile perceives him/herself as vulnerable

11. Detained solely for immigration purposes

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.

PREA Policy indicates this information may be gathered through conversations with the juvenile during the intake process, medical/ health screenings, or classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the juvenile'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).

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 staff or other residents.

The PREA policy indicates that gathered information shall not be shared with other juveniles or anyone else not employed by the JCJD or the juvenile court without a need to know.

Interviews

The interviewed PREA Coordinator reported that all Direct-Care Staff at JCJDC 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.

The interviewed PREA compliance manager reported that all staff at the center have access to the residents' risk assessment and are required to sign a form to keep all info on youth confidential.

The staff interviewed responsible for risk screening reported that all staff have access however they are required to sign confidentiality forms. The center conducts a rescreening every 10 days, exceeds expectations and amplifies the center utilizing

the screening to establish a safe environment for youth.

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

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Does the agency isolate residents 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 ☐ No
- During any period of isolation, does the agency refrain from denying residents daily large-muscle exercise and any legally required educational programming or special education services? ☒ Yes ☐ No
- Does the agency allow residents in isolation to receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Does the agency allow residents access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency house lesbian, gay bisexual, transgender, or intersex residents solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abuse? ☒ Yes ☐ No

115.342 (d)

- 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 ☐ No
- 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 ☐ No

115.342 (e)

- 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 ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If residents are isolated pursuant to 115.342(b), does the facility 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? ☒ Yes ☐ No

115.342 (i)

- Every 30 days, does the facility 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon making the compliance determination

JCJDC PREA Policy

Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary

SAVAAC Instructions

Interviews with

PREA coordinator

Facility superintendent

PREA Compliance manager

Random Staff

115.342 (a):

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.

The facility provided PREA Policy 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.

PREA Policy mandates JCJDC 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.

The PREA compliance manager explained that the detention center has one housing unit with a total of 8 single bedrooms. Residents are coed and separations is accomplished by determining which group of resident are allowed out of their living unit for recreation together.

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 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 staff interviewed 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

PREA Policy A juvenile will not be isolated from others except as a last resort to keep them and other juveniles safe. Alternatives to isolation shall be sought and implemented as possible. Juveniles in isolation will not be denied large muscle exercise or education. Juveniles in isolation will receive daily visits from medical/ mental health clinicians and have access to other programs to the extent possible. A juvenile will be considered in "isolation" if confined exclusively to his/ her sleeping room for a period of 24 hours.

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 placed one resident in room restriction (isolated) for the seriousness of his crime in the last 12 months. The PAQ was not correct on the fear for his sexual safety.

In interview with the facility superintendent the center only has single rooms The one youth that was placed in his room was released from detention the following morning and stayed in seclusion less than 24 hours.

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 JCJDC 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.

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

The PREA Coordinator interview indicated JCJDC 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 JCJDC 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, parent or legal guardians, youth and medical clinician.

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 resident.

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 JCJDC 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 average population is 4 and the present population is 1. 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.

JCJDC PREA Policy states If a juvenile is placed in "isolation" the JCJD shall document:

- The basis of concern for the juvenile's safety.
- Why is there no alternative to isolation being used.
- Every thirty days that a juvenile has been in isolation the JCJD shall review the reasons any juvenile is in isolation and whether there is continuing need for it.

According to interviews with the facility administrator, the facility placed one youth in his room due to the seriousness of his crime. It was mistakenly indicated it was due to fear for his safety. 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.

During a tour of the facility the auditor did not find any rooms that were isolated from other residents.

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.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☐ No ☒ 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.351 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☐ Yes ☐ No ☒

115.351 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

PREA Training Manual

Mail and phone procedures. (site review)

Youth Reporting Posters

Interviews

Random Residents

PREA compliance manager Random Staff

115.351 (a)

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.

The PAQ mistakenly indicated the center does not have internal ways.

The facility provided PREA Policy, youth reporting posters, and PREA intake education.

The Jasper County Juvenile Detention Center PREA Policy states that “JCJDC 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. JCJDC 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”

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.

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 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.

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.

Jasper PREA Policy 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 JCJDC 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. Two 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 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.

The administrator and staff must immediately notify the Child 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 the Child Abuse hotline, local law enforcement, attorney, judge, and legal guardian.

115.351 (e):

The PAQ requires the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

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.

All staff interviewed knew of the ways they could make an anonymous report.

Compliance was determined by reviewing posters, policy, and interview with staff, calls to child abuse hotline, and PREA Coordinator.

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

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 ☐ No

115.352 (b)

- 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 ☐ No ☐ NA
- Does the agency always refrain from requiring a 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 ☐ No ☐ NA

115.352 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (d)

- 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 ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (e)

- 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 ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of an 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Are parents or legal guardians of a juvenile allowed to file grievances regarding allegations of sexual abuse, including appeals, on behalf of residents? ☒ Yes ☐ No
- Are such grievances conditioned upon the juvenile agreeing to have the request filed on his or her behalf? ☒ Yes ☐ No

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (g)

- If the agency disciplines an 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

Jasper County Juvenile Detention Center Grievance detention protocol

Corrective Action Plan

Interviews with

Staff

Resident

Grievance Coordinator

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.

The center provided PREA Policy -Exhaustions of Administrative Remedies.

Exhaustion of Administrative Remedies

Not Applicable Standards: 115.352

I. Policy

- The JCJD will follow the administrative procedures listed below in regards to juvenile grievances regarding sexual abuse

II. Procedures:

- All grievances alleging sexual abuse shall be reported to the DSS Child Abuse and

Neglect hotline.

- Juveniles/staff who are filing an emergency grievance alleging that a juvenile is subject to a substantial risk of imminent sexual abuse shall be allowed immediate access to report and such reports shall be immediately communicated to the Superintendent.
- Disciplinary actions for a juvenile shall be limited to occasions where investigation and reports to the JCJD demonstrate that the resident filed the report/grievance in bad faith.

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 center provided Grievance Policy and also noted that the grievance would be forwarded it for investigations through the Child Abuse Hotline. The center did not provide that an allegation of sexual abuse or sexual harassment are not grievable, therefore the center indicated it would continue to use grievances as an administrative remedy.

A corrective action was required.

In order to comply with all areas of the grievance standard the center updated the grievance policy to include stipulation of time frames. The grievance update include "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."

115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. JCJDC 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.

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 the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

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.

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.

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.

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.

Instructions on how to file grievances are provided to residents in the residents' handbook and PREA posters.

A corrective action plan was required and is documented above. The center revised the Grievance Policy to establish timelines and request for extension of time.

Based on the corrective action plan implementation the facility is substantially compliant with this provision and additional corrective action is not required.

Standard 115.353: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

Immigration Services Poster

Homeland Security telephone number

MOU with Children's Center

National Child Abuse Hotline Poster

Victim Advocate Posters

Resident Handbook

Interviews with

Facility Superintendent

PREA Compliance Manager

R115.353 (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 Children's Center.

JCJDC PREA Policy 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. JCJDC 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.

Two residents were interviewed regarding the victim emotional support hotline. One was aware of the program, the program services, and how to contact the program, that the calls were free. The resident 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. The other resident had been at the center less than 12 hours and had not reviewed the video or interview with the intake staff about PREA. He arrived at 10 P.M. and I conducted the interview at 8:30 A.M. prior to him going to his court hearing.

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 the center had an MOU with the Children's Center and allowed residents to utilize the program. When contacted the center staff indicated the program has a crisis center hotline, provides emotional support staff and victim advocates

PREA Policy requires 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. The center has an MOU with Children's Center of Southwest Missouri.

The MOU did not provide all services that are provided by the children's center and the auditor requested clarification for all services that the center provided the Juvenile Detention Center. The agency head has contacted the Children's Center, and the center director provided an email of the status of the request for additional information be provided as part of the MOU.

In interview with staff from the Children's Center it was noted that the center provides a crisis hotline for emotional support, victim advocacy services, and SANE services for the center and community. The emotional support (Crisis) hotline was noted by the auditor during the tour.

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 residents 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 not 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 visit 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.

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.

The PREA compliance manager indicated that attorneys or residents can set up call times and the residents is allowed to use one of the cell phones located in the control room and use a private office to talk to their attorney.

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.

Resident interviewed formally and informally while touring the facility indicated he was allowed to visit their families and are allowed to talk privately with their parents of legal counsel.

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

Recommendations: The center MOU should be more inclusive of all services that are provided by the Children's Center. The center has begun working with the detention center to develop a thorough information program for the youth at the center.

Follow Up. The detention center and the Children's center has modified the MOU to include the services provided by the Children's Center and updated emotional

support hotlines.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

Posted Information

PREA Brochure

Jasper County Juvenile Detention Center - Third Party Reporting

115.354 (a)

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.

The center provided PREA Policy posted third party reporting procedures and family, volunteers and contractors.

PREA Policy –

- a. Anyone may report sexual abuse and sexual harassment by any means of communication. Staff shall accept such reports, document them in Shift Notes and forward them to the Assistant Superintendent or Superintendent.

b. Critical Incident Reports shall be completed whenever reports are received by telephone, in person or through an unsealed written document. Employees shall immediately notify an operations supervisor or the Superintendent in the event such information is received.

c. Reporting information is included in the resident and parent handbooks as well as the facility entrances and secure detention unit.

d. Brochures are available to the public in the facility lobby and intake area.

All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child abuse hotline and local law enforcement.

Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information.

Reporting Posters were posted in the visitation room 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.

During the onsite portion of the audit, the auditor observed the flyers for the crisis hotlines, Child Abuse hotline, parent pamphlet and PREA poster in the waiting area and on the resident living units.

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

OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?
☒ Yes ☐ No

115.361 (c)

- Apart from reporting to designated supervisors or officials, does staff always refrain 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 ☐ No

115.361 (d)

- 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 ☐ No
- Are such practitioners required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility 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? ☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility submit the report to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

State of Missouri Mandatory Reporting Laws Interview

PREA Compliance Manger Facility

Administrator Random Staff

115.361 (a) (b):

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 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 JCJDC PREA Policy, 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, guardians 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.

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.

JCJDC 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 Jasper County Juvenile Detention Center (JCJDC) PREA Policy states that "JCJDC 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 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 JCJDC 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.

Six 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.

JCJDC PREA Policy 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 staff, 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 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 JCJDC PREA Policy.

PREA Policy provides 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 JCJDC PREA Policy 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 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.

Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.

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

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

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that an resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Interview

PREA Compliance Manager

Facility Administrator

Random Staff

PAQ

115.362 (a)

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.

The center provided 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.

PREA Policy requires 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 mandatory reporting steps. There have been no instances where residents were in imminent danger of sexual abuse.

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.

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.

The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, JCJDC 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.

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 residents. 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.

Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.

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

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that an 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 ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Statement of Fact

Interviews

Facility Administrator

Agency Head

115.363(a-d)

The PAQ requires upon receiving an allegation that a resident was sexually abused 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 JCJDC PREA Policy states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the 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

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, and information obtained through staff interviews, the facility has demonstrated compliance with this standard.

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

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

- Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an 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 ☐ No
- Upon learning of an allegation that an 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 ☐ No
- Upon learning of an allegation that an 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 ☐ No

115.364 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Staff training

Random Staff interviews

115.364 (a):

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 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.

The facility provided policy JCJDC PREA Policy and staff/contractor training.

All staff at the center have been trained in direct supervision and can act in the role of a direct care staff at any time. All staff are also considered first responders.

JCJDC PREA Policy states that “JCJDC 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

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:

First responders protocol training requires.

(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

Six staff were interviewed. Each of the staff were able to articulate their responses if a resident makes an allegation of sexual abuse.

115.364 (b):

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.

JCJDC 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 considered first responders.

Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred.

During the last 12 months there were no allegations of sexual abuse that was made by a resident

The staff interviewed 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.

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

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

Facility Emergency Response Plan

Incident Report (blank)

Interview with facility Superintendent

115.365 (a)

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 responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided the Emergency Response Plan and a flow chart of expected responses by staff which includes coordinated actions of employee first responders, immediate supervisors, and facility leadership in response to an incident of sexual abuse.

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 sheriff's office and making a hotline call. 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.

Compliance was determined by review of the Coordinated Response plan. And interviews with the facility Superintendent, administrator, shift supervisors, and random staff.

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

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

Statement of Fact

Not applicable to Jasper County Juvenile Detention Center since it does not have a collective bargaining agreement.

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.

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

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency 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? ☒ Yes ☐ No

115.367 (c)

- 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 ☐ No
- 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.367 (e)

- 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 ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon making the compliance determination

Retaliation Log (blank)

JCJDC PREA Policy

Interviews with Agency

Head

Facility Administrator

Staff that conducts Retaliation Monitoring

115.367 (a):

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.

The facility provided PREA Policy and related forms and a staff member collateral duty to monitor for retaliation.

JCJDC requires monitoring 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.

JCJDC 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 JCJDC provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.

JCJDC's obligation to monitor shall terminate if JCJDC determines that the allegation 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 JCJDC the PREA compliance manager monitors 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. JCJDC 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. JCJDC 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 JCJDC 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.

PREA Policy 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 monitoring and use of the Retaliation Status Checklist.

115.367 (e):

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.

JCJDC PREA Policy and interviews with the agency head and facility administrator were provided by the facility.

JCJDC 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

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.

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

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect an resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

Statement of Fact

Facility PREA Response Plan

JCFJC PREA Policy

Interviews

Facility Administrator

Medical and Mental Health Staff

115.368 (a):

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.

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.

The facility indicated no residents have alleged sexual abuse or sexual victimization in the past 12 months.

The facility superintendent indicated in an interview that the center does not utilize isolation of youth.

PREA Policy indicates that youth kept separate to reduce the risk of victimization shall have access to all requirements of 115.342.

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.

Compliance was determined by review of policy, interviews with facility administrator, PREA compliance manager and random staff.

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

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☐ Yes ☐ No ☒ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.334? ☐ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency terminate investigations solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- 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 ☐ No

115.371 (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 ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.371 (h)

- 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 ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Investigation manual for OHI

Memo from Missouri Director of Children's Division for Out of Home Investigator

Interviews

OHI investigator

Facility Administrator

PREA Coordinator

115.371 (a):

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 JCJDC PREA Policy, memo from Director of Out of Home Investigation and OHI investigative manual. Jasper County Juvenile Detention Center does not conduct any investigations.

The JCJDC PREA Policy requires that JCJDC shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. JCJDC has conveyed the PREA requirements to

appropriate external investigating agencies. When outside agencies investigate sexual abuse and sexual harassment, JCJDC 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 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.

The center provided an interview with Out of Home investigator who indicated all OHI staff have received specialized training in sexual abuse investigations involving juvenile victims.

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 JCJDC PREA Manual, staff training and facility response plan.

JCJDC PREA policy, staff training and the facility response plan requires that staff secure the evidence and provide assistance as required by OHI or local law enforcement.

JCJDC PREA Policy 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 abusers 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 who 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 victims, 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.

The JCJDC PREA Policy 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.

JCJDC 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 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.

JCJDC 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 allegations of sexual abuse or sexual harassment.

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

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Memo from Director of Out of Home Investigator

115.372 (a):

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.

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.

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. 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

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

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into an resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into an 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 ☐ No ☐ NA

115.373 (c)

- Following an 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 ☐ No
- Following an resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an 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 ☐ No
- Following an 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 ☐ No

115.373 (d)

- Following an 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 ☐ No

- Following an 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 ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Notification of Investigation Form (blank)

Interviews with Facility

Administrator

PREA Compliance Manager

115.373 (a):

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.

The facility provided JCJDC PREA Policy 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.

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.

In the last three PREA cycles there have been no allegation of sexual abuse or sexual harassment to require notifications.

115.373 (b):

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.

JCJDC 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.

There were no investigations which required a notification provided to residents.

115.373 (c):

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) 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 JCJDC PREA Policy 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 JCJDC 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.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- 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 ☐ No

115.376 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Disciplinary sanctions for Staff

Interview with Facility Administrator

115.376 (a)(b):

The PAQ requires staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The facility provided PREA Policy Disciplinary sanctions for Staff, and statement of fact.

PREA Policy states:

- a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies
- b) Termination shall be the presumptive disciplinary sanction for staff who have been engaged in sexual abuse
- 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.
- 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.

115.376 (c):

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, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility provided PREA Policy that states that JCJDC employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment.

115.376 (d):

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.

JCJDC 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.

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.

There has been no adverse action taken against staff for violation of the agency PREA policy or related policies.

Compliance was determined by review of the agency policy, interview with PREA coordinator and facility administrator.

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

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Interview with Facility Administrator

115.377 (a)

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

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

JCJDC Operational Rules 450-38 PREA state JCJDC 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 with 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 PREA Policy 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 PREA Policy state JCJDC 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.

Standard 115.378: Disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that an resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- 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 ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, do agencies deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services? ☒ Yes ☐ No

- Do residents in isolation receive daily visits from a medical or mental health care clinician?
☒ Yes ☐ No
- Do residents have access to other programs and work opportunities to the extent possible?
☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- 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 require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No
- Do agencies require participation in such interventions as a condition to access general programming or education? ☒ Yes ☐ No

115.378 (e)

- Does the agency discipline an resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- 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 ☐ No

115.378 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

Mental Health Staff

Medical Staff Rule Violations

PREA Policy

PAQ

Interview with

Facility Administrator

115.378 (a):

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.

The facility provided PREA Policy – Disciplinary sanctions and interventions for Youth

The PREA Policy 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.

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.

115.378 (b):

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.

The interviewed Superintendent reported that disciplinary sanctions on residents 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 PREA Policy 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 PREA Policy 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.

According to the mental health staff, these services would be provided by a trained therapist from the community.

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.

JCJDC 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.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a prison 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? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a prison 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? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.381 (c)

- 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 and management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.381 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in make compliance determination

Health Referral form

SAVAAC Sexual Assault/Victim Assailant Checklist

Interviews

Staff that conduct screenings

Mental Health Staff

115.381 (a)

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.

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 samples of MH referrals that indicated the date of the youth arrival, date of screening, date of mental health referral, date of MH encounter.

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, JCJDC employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 3 days of the screening intake.

If the screening indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, JCJDC employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 3 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law.

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 staff interviewed 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 Jasper County Juvenile Detention Center (JCJDC) 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, JCJDC 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 Children’s Center.

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):

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.

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.

Compliance was determined by review of the agency policy and interviews with medical and mental health staff.

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

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- 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 ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in make compliance determination

PREA Sample of Medical Care

PREA Policy

Interview

Medical staff

Mental health staff

Staff at Children Center

115.382 (a)

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.

The facility provided JCJDC PREA Policy, list of local providers, and MOA: Children's Center

JCJDC PREA Policy requires 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.

The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the 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 has an MOU with Children's Center that provide victim advocate and a SAFE staff to provide forensic examinations.

In an interview with the Children's Center director, she indicated their staff or trained on conducting SAFE. There is always a victim advocate with the child during the examination.

Prior to the SAFE 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 Center 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):

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.

The facility provided PREA Policy and interview with Children Center. The Children's Center staff indicated that the information about emergency contraception and sexually transmitted infections prophylaxis is part of the SAFE process, and any child will have follow up services as part of the SAFE process. The same information will be provided to victims in the follow-up meeting, examination and mental health follow-up.

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.

115.382 (d):

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.

The facility provided the JCJDC 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.

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

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 ☐ No

115.383 (b)

- 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 ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to*

know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- If the facility is a prison, does it 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? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence relied upon in making the compliance determination

JCJDC PREA Policy

Interview with

Children Center

Superintendent

Medical Staff

Mental Health Staff

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 JCJDC PREA Policy and Screening Log Sheet

JCJDC 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 Children Center in interview indicated that anyone that goes for a SAFE are scheduled for a follow up meeting with the victim advocate, and mental health staff at the hospital. Typically a youth is offered the services of a trained community volunteer to provide ongoing services to the youth.

The Children's Center 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.

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.

JCJDC PREA Policy states forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident. 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 Center, victims will be offered pregnancy test and provided information on access to lawful pregnancy-related medical services during the SAFE 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 sexually transmitted infections and are tested when they arrive at the center.

115.383 (g)

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.

JCJDC PREA Policy indicates that all treatment services will be provided at no cost to the victim.

115.383 (h)

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.

Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing Vulnerability Assessment.

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.

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy – Incident Reviews

Statement of Fact

Interviews with

Incident Review Team PREA

Compliance Manager

Superintendent

115.386 (a):

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 Policy and Facility PREA Response Plan Following Resident Report

PREA Policy requires 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 a review shall ordinarily occur within 30 days of the conclusion of the investigation.

The interview with the PREA Compliance Manager, she was aware of her role to convene the Incident Review Team and provide the investigative files at the meeting.

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 interviews with Incident Review Team Member, Facility PREA compliance manager, superintendent and agency head.

Each was asked if they would review the following based on the PREA policy.

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, agency head, superintendent, PREA compliance manager confirmed that all areas identified above are reviewed in completing and incident review in interviews.

115.386 (e):

The PAQ requires the facility shall implement 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 superintendent, 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 confirmed the facility prepared a report of its findings and 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

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- 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 ☐ No

115.387 (d)

- 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 ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

Incident Operations Center PREA FY02023

Office of State Courts Administrator (OSCA) PREA data

Annual Report 2024 OSCA

PREA annual report 2023

115.387 (a)(b):

The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The agency shall aggregate the incident-based sexual abuse data at least annually.

The facility provided JCJDC PREA Policy and 2024 Annual Report

The Jasper County Juvenile Detention Center Policy states that: Data collection regarding alleged sexual abuse shall include the following;

- a. Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions
- b. At minimum, an annual aggregation of incident-based sexual abuse data
- c. Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice
- d. Maintenance, review, and collection of data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor reviewed the annual report for 2024 and 2023.

In interviews with the PREA compliance manager, the Office of State Courts liaison officer provides the standardized instrument utilized to gather the information that is sent to his office at least once a year.

115.387 (c):

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.

The format used for JCJDC captures the information required to complete the most recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ)

115.387 (d):

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.

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.

115.387 (e):

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.

Jasper County Juvenile Detention Center does not contract for confinement of residents.

115.387 (f):

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.

JCJDC 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.

In a review of the reports for the last 3 years the center has not had any allegations of sexual abuse or sexual harassment.

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.

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

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.388 (b)

- 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 ☐ No

115.388 (c)

- 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 ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy – Data Collection

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

Interview with PREA Compliance Manager

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 JCJDC PREA Policy - 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 approves the after-action plan following the leadership review and sign off on the final report.

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.

115.388 (c):

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.

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.

The interviewed PREA Compliance Manager reported that data is reviewed and submitted to the appointing authority (Judge).

115.388 (d):

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.

JCJDC PREA Policy - Data Collection indicates that all information that is placed on the website will not include personal identities.

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.

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.

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

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (b)

- 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 ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

JCJDC PREA Policy

PREA coordinator Interview

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 JCJDC Operational Rules 450-38 PREA - Data Collection

The JCJDC 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 JCJDC 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.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ 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.) ☐ Yes ☐ No ☒ 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 ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

<https://dss.mo.gov/reports/prison-rape-elimination-act-reports>

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.

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.

The facility provided JCJDC PREA Policy which requires all DJJ facilities be audited every three years for compliance with the Prison Rape Elimination Act

This is the first audit of Jasper County Juvenile Detention Center.

115.401 (h):

The PAQ requires the auditor shall have access to, and shall observe, all areas of the audited facilities.

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.

115.401 (i):

The PAQ requires the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided on a timely basis.

115.401 (m):

The PAQ requires the auditor shall be permitted to conduct private interviews with residents.

I interviewed 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.

115.401 (n):

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.

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.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence relied upon in making the compliance determination

Agency website

This is the first audit for this facility. It will be posted on the agency website at <http://dss.mo.gov>.

AUDITOR CERTIFICATION

I certify that:

- ☐ 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, and
- ☐ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

[Click here to enter text.](#)

[Click here to enter text.](#)

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.