

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: May 10, 2025

Auditor Information

Name: Lawrence Howell	Email: Lawrence.howell@rop.com
Company Name: Compliance and Training Consultants, LLC	
Mailing Address: 11700 W. Charleston Blvd	City, State, Zip: Las Vegas, NV 89135
Telephone: (775) 721-2972	Date of Facility Visit: 03/26/25

Agency Information

Name of Agency: 35th Judicial Circuit of Missouri			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 403 South Prairie Street		City, State, Zip: Bloomfield, MO 63825	
Mailing Address: 403 South Prairie Street		City, State, Zip: Bloomfield, MO 63825	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.dss.mo.gov reports prison-rape-elimination-act			

Agency Chief Executive Officer

Name: Judge Joe Z. Satterfield	
Email: Click or tap here to enter text.	Telephone: (573) 568-4640

Agency-Wide PREA Coordinator

Name: Matt Shaon	
Email: Matthew.L.Shaon@dss.mo.gov	Telephone: (573) 526--3901
PREA Coordinator Reports to: Tracey West, HR Manager	Number of Compliance Managers who report to the PREA Coordinator: 20

Facility Information			
Name of Facility: Stoddard County Regional Juvenile Detention Center			
Physical Address: 400 S Viola Street		City, State, Zip: Bloomfield, MO 63825	
Mailing Address (if different from above): P.O. Box 50		City, State, Zip: Bloomfield, MO 63825	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: www.dss.mo.gov.com			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> 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: Tonya Causey			
Email: tonya.causey@courts.mo.gov		Telephone: (573) 568-4640 x5	
Facility PREA Compliance Manager			
Name: Tonya Causey			
Email: tonya.causey@courts.mo.gov		Telephone: (573) 568-4640 x5	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Chelsey Seiger			
Email: Chelseyjo2422@gmail.com		Telephone: (573) 576-2350	
Facility Characteristics			
Designated Facility Capacity:		20	
Current Population of Facility:		7	

Average daily population for the past 12 months:	5	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	5 days	
Facility security levels/resident custody levels:	Secure detention	
Number of residents admitted to facility during the past 12 months:	349	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	261	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	181	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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):</p>	<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 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 checked="" type="checkbox"/> Other - please name or describe: DYS and other county juvenile detention holds. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	20	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	1	
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:	0	
Physical Plant		

<p>Number of buildings:</p> <p>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.</p>	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>	3
Number of single cell housing units:	20
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.):	1
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 type="checkbox"/> Yes <input checked="" 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

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: SEMO-NASV)
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 checked="" 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?	3
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 type="checkbox"/> Agency investigators <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other (please name or describe: Out of Home Investigations) <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: 2

List of Standards Exceeded: 115.313 Supervision and Monitoring, 115.333 Resident Education

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 26, 2025
2. End date of the onsite portion of the audit:	March 26, 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:	Souteast Missouri Network Against Sexual Violence (SEMO-NASV), Stoddard County Sherfiff's Department, Missouri Department of Social Services Child Abuse and NeglectHotline
Audited Facility Information	
4. Designated Facility Capacity:	20
5. Average daily population for the past 12 months:	5
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.	2

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:	7
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>	During the on-site portion of the audit there were 6 male and 1 female residents. All of the youth agreed to be interviewed and did answer all questions. The PREA Auditor did not experience any issues or barriers to interviewing the residents in a private setting.
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:	20

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:	0
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. <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>	Medical and Mental Health services providers were not employees and were contracted service providers.

Interviews

Resident/Resident/Detainee Interviews

Random Resident Interviews

28. Enter the total number of RANDOM RESIDENTS who were interviewed:	7
29. Select which characteristics you considered when you selected random resident interviewees:	<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) 100% of the residents were interviewed. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random resident interviewees was geographically diverse?	100% of the residents were interviewed.
31. Were you able to conduct the minimum number of random resident interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random resident interviews:	100% of the residents were interviewed.

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.). <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>	100% of the residents were interviewed. The auditor experienced no barriers to completing the required interviews to ensure representation.
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Targeted Resident/Resident/Detainee Interviews

33. Enter the total number of TARGETED RESIDENTS who were interviewed:	4
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<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 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

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).	All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed as " Disabled and Limited English Proficient Residents."
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
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.

<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>All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed as "with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability)."</p>
<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:</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>All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed s Blind or having low vision (visually impaired).</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>All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed as "with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability)."</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>All residents were interviewed by PREA Auditor Howell. Therewere no residents identified by facility staff, identified in the PAQ, self identified, or observed as Limited English Projicient (LEP).</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:	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).	All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed as identifying as lesbian, gay, or bisexual.
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).	All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed as identifying as transgender or intersex.
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).	All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified as having reported sexual abuse in this facility.
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:	2

<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 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>N/A</p>
<p>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:</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>All residents were interviewed by PREA Auditor Howell. There were no residents identified by facility staff, identified in the PAQ, self identified, or observed as being placed in segregated housing (for risk of sexual victimization/who alleged to have suffered sexual abuse).</p>
<p>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.).</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 auditor was able to interview 100% of the residents and experienced no barriers to ensuring representation.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this</p>

	<p>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).</p> <p><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.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
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:	N/A
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>	<p>Selecting and interviewing random staff was not a problem. The auditor interviewed staff from all three shifts and interviewed all staff that worked the day of the on-site portion of the audit.</p>
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><i>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.</i></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
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:	N/A
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:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" 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 checked="" type="checkbox"/> Line staff who supervise youthful residents (if applicable) <input checked="" 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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
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 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:	1
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 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>	Specialized Staff, Volunteers, and Contractor interviews were conducted in accordance with PREA Interview Protocols. Some staff were responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol applied to some interviews with a single staff member.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and 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.

59. Did you have access to all areas of the facility? ☒ Yes ☐ No

a. If no, explain what areas of the facility you were unable to access and why. N/A

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? ☒ Yes ☐ No

a. If no, explain why the site review did not include reviewing/examining all areas of the facility. N/A

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)? ☒ Yes ☐ No

a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility. N/A

62. Informal conversations with residents during the site review (encouraged, not required)? ☒ Yes ☐ No

63. Informal conversations with staff during the site review (encouraged, not required)? ☒ Yes ☐ 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).

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.

The PREA Audit Tour was conducted in accordance with PREA Audit Tour instructions. The auditor was able to observe operations, view all areas of the facility (inside and out), test critical functions and informally interact with staff and residents.

Documentation Sampling

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

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? ☒ Yes ☐ No

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

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.

The auditor was able to self select, gather a representative sample, and review documents as required. Including but not limited to documentation related to training records; background check records; supervisory rounds logs; risk screening and intake processing records; resident education records; medical files; and investigative files.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "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 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.

N/A

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 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.

N/A

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	0	0	0	0	0
<u>Staff-on-resident</u> sexual abuse	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.

N/A

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</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.

N/A

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</u> sexual harassment	0	0	0	0	0
<u>Staff-on-resident</u> sexual harassment	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.

N/A

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</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.	N/A
<i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i>	
<i>Sexual Abuse Investigation Files Selected for Review</i>	
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:	There were no sexual abuse investigations.
74. Did your selection of SEXUAL ABUSE 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 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)
Staff-on-resident sexual abuse investigation files	
78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:	0
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)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
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:	There were no sexual harassment investigations.
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:	0

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)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <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 no reported sexual abuse or harassment investigations.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	N/A
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <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>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input type="checkbox"/> The audited facility or its parent agency

	<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>
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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.

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

1. Documents reviewed included:

1. Pre-Audit Questionnaire
2. Stoddard County Regional Juvenile Detention Center (SCRDC) PREA Policies
3. Employee Policy Regarding PREA (Page 5)
4. Organizational Chart
5. On site PREA related postings

2. Interviews included:

1. Random Staff
2. SCRDC Residents
3. Superintendent

3. Site Review / Observation:

1. PREA Postings

4. Provisions:

115.311 (a)-1,2,3,4,5 The Stoddard County Juvenile Detention Center (SCRDC) has a zero-tolerance policy towards any form of sexual abuse or sexual harassment. The introduction of the well-organized and easy to read packet of PREA Policies includes an introduction of The Prison Elimination Act. Page 10 includes the purpose of the SCRDC policy: “The SCRDC has a zero-tolerance policy against all forms of sexual abuse and sexual harassment in the facility.”

The SCRDC Zero Tolerance Policy is available to staff, residents, and members of the public. The SCRDC Zero Tolerance Policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment includes sanctions for those found to have participated in prohibited behaviors and includes agency strategies to reduce and prevent sexual abuse and harassment of residents.

115.311 (b)-1,2,3 The agency has a designated PREA Coordinator. Tonya Causey was designated the PREA Coordinator by Judge Joe Z Satterfield. She also holds the agency title of Superintendent. Her position is an upper-level position and when interviewed she reported having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facility.

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

115.311 (c)-1,2,3,4 The SCRDC meets the standard of having a designated PREA Compliance Coordinator in the organizational structure, who has sufficient time to coordinate the facility efforts to comply with PREA standards. This section 115.311 (c) was rated as N/A because the 35th Judicial Circuit Court only operates one juvenile facility.

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

The facility meets the requirements of standard 115.311.

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. Pre-Audit Questionnaire
2. Stoddard County Regional Juvenile Detention Center PREA Policies

Interviews included:

1. Superintendent
2. Agency Head

Site Review / Observation:

1. N/A

Provisions:

Standard 115.312 (a & b) does not apply to Stoddard County Regional Juvenile Detention Center because the facility does not contract with other entities for the confinement of youth.

The standard is not applicable, therefore the rating is the facility meets the requirements of standard 115.312.

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. SCRDC PREA Policies
2. SCRDC Staffing Plan Annual Evaluation
3. SCRDC Staffing Plan
4. PAQ
5. Facility Schematics
6. Unannounced Program Visits Forms (completed)
7. Staff Roster
8. Resident Roster
9. Superintendent written statement regarding Staffing Plan review

Interviews included:

1. Superintendent
2. Detention Juvenile Officers (I & II)
3. Random residents
4. Random staff

Site Review / Observation:

1. Staff to student ratio observations (multiple times throughout the day)

Provisions:

115.313 (a) Superintendent Tonya Causey confirmed the Stoddard County Regional Juvenile Detention Center policy mandates a minimum of one staff for each eight youth with one staff being female. SCRDC has a form to track deviations from planned staffing plans. The documentation details are appropriate and give day, time, and reason. There were no documented deviations from the planned staff to student ratio. Through the staff interviews and a documentation review found no written shift reports showing short staffing that caused ratio issues in the daily operations. All of residents interviewed reported feeling safe at Stoddard Regional Juvenile Detention Center (SCRDC) and that staff provide adequate supervision of the residents. The agency staffing plan was reviewed. When reviewing the staff rosters and comparing them to the average student population by month for the past 12 months, The Auditor found no obvious reason to believe there had been a deviation from the facility staffing plan. SCRDC does use surveillance cameras but does not use cameras as part of the supervision of residents and staffing plan. There are 13 cameras throughout the facility, but not in areas where residents use the bathroom or change clothes. Evidence of compliance with this standard was gathered in interviews of the Superintendent and Detention Juvenile Officers (I & II). The Superintendent confirmed the staffing plan is developed to maintain appropriate ratios, video monitoring is not part of the plan, and the staffing plan is reviewed weekly by the facility management team. When a scheduled staff is absent, and the staff to resident ratio may be at risk, the Supervisors and/or Superintendent calls in other staff and authorizes overtime to fill temporary vacancies.

115.313 (b) Stoddard County Regional Detention Center Policy requires constant supervision and monitoring of the residents while in the facility. The policy states that the facility maintains staff ratios at all times unless imminent and dangerous circumstances take place that alter the ratio. The established

ratios are 1:8 during waking hours and 1:16 during sleeping hours. During on-site observations of the audit, the minimum ratios were met or exceeded at all times. Observed ratios were 1:1, 1:2, and 1:4. Page 10 of the SCRDC PREA policies states the “staffing ratio is never less than 1:8 as at least three staff are schedule for each shift.”

115.313 (c) The facility roster showed 20 full time staff employed for a current resident population of 7 residents. Observed staff to student ratios were 1:1, 1:2 and 1:4. The PREA Auditor found no evidence nor was there a report of the staff to student ratio deviating from the planed ratio of 1:8 daytime and 1:16 nighttime ratio. During random resident interviews, when asked, “How often are staff the with you?” 7 of 7 residents replied that direct care staff were present at all times.

115.313 (d) When interviewed, the Superintendent and Detention Juvenile Officers explained the staffing plan is reviewed and revised at least annually and “when necessary” as a result of the resident population fluctuating. The Superintendent described meeting “as necessary” and “daily” to make sure staff to resident ratios were appropriate throughout the year.

Superintendent Causey explained that she had assessed and determined that the staffing plan, prevailing staffing patterns, and video monitoring systems were in working order and adjustments were not needed at that time, as per PREA Standard 115.313.

115.313. (e) The PREA Auditor did find evidence to support the SCRDC PREA Policy that stated higher level supervisors conducted unannounced rounds on each shift. Facility policy prohibits staff from alerting the staff members that the supervisory unannounced rounds are occurring. The PREA Auditor reviewed documentation of unannounced rounds completed by the Superintendent. During random staff interviews, the staff explained the unannounced rounds do occur. Facility management provided unannounced rounds logs and the associated Unannounced Program Visit sheet to demonstrate compliance. Written documentation showing unannounced rounds on ALL shifts was reviewed. The policy of having the Superintendent conduct unannounced rounds at least “every three months on each shift at various times to identify and deter staff sexual abuse and sexual harassment” **exceeds** PREA Standard 115.313 (e).

Stoddard County Regional Detention Center Unannounced Rounds Documentation Form (by Superintendent) reviewed included, but was not limited to the following dates and shifts:

Date	Shift	Conducted by
12/12/24	Night Shift	Superintendent
08/17/24	Morning Shift	Superintendent
01/24/24	Afternoon/Evening Shift	Superintendent

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

The rating of EXCEEDS was as a result of the detail of the 115.313 documentation retained and the fact the Superintendent conducts unannounced rounds on a regular basis (at least every three months).

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Juvenile Detention Center PREA Policies.
3. Staff training files
4. Log for Cross Gender Strip Search and/or Pat Down

Interviews included:

1. Random residents
2. Random staff
3. Supervisor staff
4. Security staff

Site Review / Observation:

1. Intake Area
2. Living Units
3. Common use spaces (classroom, hallways, meeting areas)

Provisions:

115.315 (a-c): The staff interviews and a review of the staff training records revealed the staff were appropriately trained on conducting pat down searches in accordance with 115.315 (a, b, and c) Limits to cross-gender viewing and searches. 11 of 11 random staff explained and demonstrated the search procedures of Stoddard County Regional Juvenile Detention Center. The search procedure does not include a "pat down" or "strip searches." Staff explained the female and male staff do not do pat down searches. When a search is needed the staff call the nearby law enforcement agency. In exigent circumstances the opposite gender staff would conduct an on the outside of the residents clothing only after receiving approval from the Superintendent. In interviews the Stoddard County Juvenile Detention Center staff explained the facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. SCRDC policy supports the above information on page 11 and 12 of the PREA Policy Book.

The facility Superintendent shared the video staff watch related to cross gender pat down searches. The video is titled, "Guidance on Cross Gender and Transgender Pat Searches" and can be found on youtube.com. The video is 32 minutes long, has four sections, and is from the National PREA Resource Center.

115.315 (d): Stoddard County Regional Juvenile Detention Center policies mandate residents are permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. The facility is designed to prohibit cross gender viewing of youth performing such personal actions and the facility practice demonstrated shows compliance. Opposite gender staff so announce their presence before entering living units. Page 12 of the PREA Policy Book dictates this practice. Youth are provided privacy when changing clothes, performing bodily functions, and showering. Toilets are located in each cell. There are two single person use shower on each living unit for the residents to use. Opposite gender staff do not provide direct supervision when youth change clothes, perform bodily functions, and shower. 7 of 7 residents and each of the direct care staff confirmed the residents are permitted to change clothes, perform bodily functions, and shower in privacy.

115.315 (e) Per the Stoddard County Regional Juvenile Detention Center Policy and confirmed by The Auditor during the staff interviews, Detention Center staff always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, the intake staff review the resident's personal history and medical documents and may determine genital status during conversations with the resident or by learning the information from a medical examination conducted at a medical facility, in private, by a medical practitioner.

115.315 (f) Stoddard County Regional Juvenile Detention Center training records showed proof of training staff on how to conduct cross-gender pat down searches in a professional and respectful manner,

and in the least intrusive manner possible, consistent with security needs. Documentation showed the staff on the facility roster had been trained on 115.315 (f) within the past 12 months. Training documentation includes a master roster with training dates. Training sign in sheets and individual signed acknowledgements were available for review.

During interviews staff and residents repeatedly responded that Juvenile Detention Center staff do not do pat down searches.

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

Corrective Action: None

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.

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

Documents reviewed included:

- PAQ
- Stoddard County Regional Juvenile Detention Center PREA Policies
- SCRDC Intake Packet
- PREA Posters (English and Spanish)
- PREA Brochure (English and Spanish)
- Interpreter Contact Information Memo

Interviews included:

1. Random residents
2. Random staff
3. Supervisory staff
4. Superintendent / PREA Coordinator

Site Review / Observation:

1. Living Unit postings
2. Building postings
3. Classroom postings

Provisions:

115.316 (a) Page 12 of the Stoddard County Regional Juvenile Detention Center PREA Policy Book states that the Juvenile Detention Center staff takes appropriate steps to ensure that youth with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include providing access to Interpreters, and written materials provided in formats or through methods that ensure effective communication.

During the resident interviews 7 of 7 (100%) youth interviewed claimed English as their primary language. During staff interviews none of the staff could remember a youth, admitted in the last 12 months, that claimed another language as their primary language. Answers to questions about how staff would communicate with non-English speaking residents were:

- “There have been no non-English speakers here since I started (2 years ago).”
- “I could use a translator, if necessary, but we have not need one in 16 years.”
- “Have not had a resident that needed one (a translator) yet.” Quote by teacher.
- “We have had bilingual kids, and they had no problem communicating.”
- “We could get a translator if we needed one.”

All of the staff were able to explain what they would to effectively communicate with a non-English speaking resident if one were admitted.

The Juvenile Detention Center policy addresses the provision of support services for disabled residents and provides the equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and appropriately respond to sexual abuse and harassment. The policy prohibits the use of resident interpreters, readers, and other forms of resident assistants except in limited circumstances where an extended delay could compromise a resident’s safety, performance of a first responders’ duties, or the investigation of the allegations. Supervisor and Detention Juvenile Officer interviews confirmed knowledge of the policy and process.

115.316. (b) During interviews of the Superintendent and Detention Juvenile Officers they explained that upon admission they personally take the time necessary to ensure the residents understand the PREA standards and their rights. During interviews, intake staff explained they would only use staff as translators. During the past 12 months, the facility did not have any youth who were assessed as needing interpreting services because they had a disability or were limited English proficient. If they had, the language Access Court provided Language line (language interpreter services with access to 240+ languages) is available by phone and can be accessed by staff 24 Hour per day 7 days per week. Furthermore, the PREA Audit notice and No Tolerance Poster are printed in English and Spanish. Despite the lack of need, the facility is prepared to ensure equal access to limited English proficient or disabled. This determination of meets standard was made based on interviews of staff, administrators, facility observations, and a review of the residents’ case files.

115.316 (c) The Superintendent explained Stoddard County Regional Detention Center does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations as the practice could compromise the integrity of the reporting process. The facility’s intake staff shared the written PREA related information that is provided to youth upon admission to the Juvenile Detention Center. At the time of the audit there were no residents listed, interviewed, or reported as needing interpreter services or the need for translated PREA related documents. The staff and resident interviews resulted in consistent responses that Stoddard County Regional Detention Center had not had a recent need for the use of interpreters or services for residents with a disability that hindered their ability to communicate an allegation related to sexual abuse or harassment.

The SCRDC Policy that references 115.316 is located on page 12 of the PREA Packet.

The facility meets the requirements of standard 115.316.

Corrective Action: None

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.

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policies.
2. Personnel Files
3. Criminal Records and Child Abuse Registry Check Documentation
4. Employment Application
5. Training Records

Interviews included:

1. Superintendent
2. Random Staff

Site Review / Observation:

1. None.

Provisions:

115.317 (a) The Stoddard County Juvenile Detention Center PREA Policy Book (page 12) prohibits hiring or promoting anyone who may have contact with youth and does not use services of any contractor who may have contact with the person if the person: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or has been convicted or civilly or administratively adjudicated or engaging or in sexual activity, abuse, or harassment will not be considered.

The Superintendent confirmed during interviews that the Stoddard County Regional Detention Center has not hired, promoted, or contracted with anyone who meets the criteria listed in the above paragraph.

A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (b) Stoddard County Regional Detention Center Policy considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. When interviewed, the Superintendent (who also has Human Resource Director duties) explained that the Stoddard County Regional Detention Center would find out such information through criminal background checks, pre-employment reference checks, and a thorough interview of the applicant for an open position. The Superintendent explained the interview process for hiring, promotions and contract positions. A review of the facility's related PREA policy (page 12) and personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317 (b).

115.317 (c & d) Page 15 of the PREA Policy Book dictates hiring procedures in order for the facility to be in compliance with this standard. Before hiring new employees, volunteer, or contractors who may have contact with youth, the SCRDC requires hiring staff to perform a criminal background records check, complete a state child abuse registry review, and contact all prior institutional employers in search of substantiated allegations of abuse or resignation during a pending investigation of an allegation of abuse. Stoddard County Regional Detention Center has been conducting background checks, child abuse registry checks, completing reference checks, and attempted to ask previous juvenile institution employers of applicant's past involvement in PREA related incidents. Background checks were confirmed at no longer than 5-year intervals. The Auditor reviewed the interview questions and discussed the staff screening process with the Superintendent.

115.317 (e) Stoddard County Regional Juvenile Detention Center policy states the facility conducts criminal background checks of current employees and contractors who may have contact with residents every five years. During the on-site portion of the audit, the personnel files showed the background checks were completed in accordance with PREA Standards. The background checks are completed within the five-year time period.

115.317 (f) Stoddard County Regional Detention Center did provide written evidence about asking all applicants and employees who may have contact with residents directly about previous PREA related misconduct described in paragraph 115.317 (a). The Auditor reviewed the questions asked during the in-person interviews and the employment application to confirm PREA standards are considered. The questions are on a form, questions are in Yes/No format and include a space for a signature and date.

115.317 (g) In accordance with this standard, Stoddard County Regional Detention Center Superintendent Causey stated in her interview that material omissions regarding such misconduct (PREA related) or the provision of materially false information is grounds for termination of employment.

115.317 (h) According to interviews of the Superintendent and Detention Juvenile Officers, unless prohibited by law, Stoddard County Regional Detention Center provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. In addition, the Superintendent affirmed separately in her interview that the facility does consider all items listed in 115.317(a-h) when making hiring and promotion decisions. Page 12 of the SCRDC PREA Policy Book supports the documentation requirements of this standard.

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

Corrective Action: None

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

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policies
2. Facility Schematics

Interviews included:

1. Superintendent
2. Detention Juvenile Officers

Site Review / Observation:

1. Observation of the campus operations during the on-site tour.
2. Demonstration of the existing video surveillance system.

Provisions:

115.318 (a-b) During interviews of the Superintendent and Detention Juvenile Officers all explained there had been no substantial modification to the facility (including upgrades to the camera system) since the last PREA Audit in 2022. The Superintendent was familiar with the camera system and the importance of ensuring resident privacy.

The staff interviews, resident interviews, the on-site tour of the facility, and the schematics provided to the auditor all corroborated that the facility meets the requirements of standard 115.318 (a-b)

Corrective Action Findings: None

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?
☒ Yes ☐ No

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policies.
2. Resident Handbook
3. MOU between SCRDC and SEMO-NASV (signed 03/27/25)

Interviews included:

1. Superintendent
2. SEMO-NASV Representative
3. Hotline representative
4. Random staff interviews
5. Random resident interviews

Site Review / Observation:

1. Facility postings
2. Brochures available to residents

Provisions:

115.321 (a) Stoddard County Regional Juvenile Detention Center PREA Policy does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions when responding to allegations of sexual abuse. The Stoddard County Sheriff's Department conducts the PREA investigations. Random staff interviews revealed the SCRDC staff are aware of the physical evidence expectations for First Responders. The Auditor contacted the Stoddard County Sheriff's office and confirmed the Department's understanding of PREA and their responsibilities. The Sheriff's Department also acknowledged their role in PREA investigations by e-mail.

115.321 (b) The Superintendent stated the policy does follow a protocol that is developmentally appropriate for youth and is current (i.e. adapted from the most recent edition of the US Department of Justice's Office on Violence Against Women publications). The Auditor was able to ascertain and confirm the following:

- The facility does not conduct administrative or criminal investigations. Allegations are referred to the Missouri Child Abuse and Neglect Hotline and the Stoddard County Sheriff's Department for criminal investigations and OHI (Out of Home Investigations) for administrative investigations. Random staff interviews confirmed an understanding of the facility investigations protocol.
- Southeast Missouri Network Against Sexual Violence (SEMO-NASV) is responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. There were no forensic medical exams, related to Stoddard County Regional Detention Center, conducted in the past 12 months.

- SEMO-NASV provides outside the facility emotional support and crisis counseling services. During interviews, the facility Superintendent confirmed their understanding of the practice.

115.321 (c) In accordance with Stoddard County Regional Detention Center Policy, in the event of a PREA related allegation, the Superintendent or on duty supervisor would call the Child Abuse Hotline, call the Stoddard County Sheriff's Department, and a facility representative would take the resident to SEMO-NASV for the SAFE examination. The hospital services include Sexual Assault and Violence Response and Child Protection Teams. The Auditor reviewed the hospital web site (www.semonasv.org) and found a comprehensive explanation of the structure of the department, the staff training, and multiple ways the medical center provides support, forensic medical services to meet the needs of sexual assault victims. In a phone interview, the SEMO-NASV Representative explained there was a number of qualified SANE nurses that allowed at least one to always be on duty. She explained it was agency practice to have a forensic nurse available 24 hours a day. She reported no knowledge of any forensic exams involving youth from the Stoddard County Regional Detention Facility during the past 12 months. She could only recall youth ever being brought in for services after reporting abuse upon admission to SCRDC, but never for sexual abuse at SCRDC.

115.321 (d) In accordance with the agreement between the Stoddard County Regional Juvenile Detention Center and the Southeast Missouri Network Against Sexual Violence (SEMO-NASV), Representative E confirmed they provide intervention and related sexual assault assistance services free of charge. The services include 24 hour per day access for reporting, advocacy, and forensic exams. is not an organization that is part of the criminal justice system. Of the residents interviewed, 7 of 7 were able to describe how to access the services in a confidential manner while in the Stoddard County Regional Detention Center.

115.321 (e) The Superintendent explained the Stoddard County Regional Detention Center utilizes SEMO-NASV to provide advocacy and emotional support services. However, the Hotline remains available 24/7 to support youth as needed. The Auditor observed posters zero tolerance posters with the hotline number in most resident living areas, classrooms, and dining areas. The number listed was 1 (800) 392-3738. The Auditor called the Hotline number and verified the services available, if a caller could remain anonymous, and if the services were free of charge to residents of Stoddard County Regional Detention Center. The Auditor also spoke with SEMO-NASV Representative Kendra Eads who confirmed the services provided and the staff qualifications.

Also on the posters are the phone numbers for SEMO-NASV (573) 332-1900 and the physical address of where letters can be sent.

115.321 (f) The Stoddard County Sheriff's Department conducts all criminal investigations. Per the Memorandum of Understanding, Southeastern Missouri Network Against Sexual Violence is responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. Both agencies follow uniform protocols that are age appropriate for youth that are residents if the Juvenile Detention Center.

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

115.321. (h) Stoddard County Regional Juvenile Detention Center is in compliance with standard 115.321 (h) because the Superintendent is appropriately trained. The facility does have an agreement for victim support services with SEMO-NASV which has trained staff available 24/7 for advocacy service, emotional support; in accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.

The SEMO-NASV representative confirmed in an interview the health care agency has multiple IAFN certified forensic medical professionals on staff available 24/7.

Based on the information received in interviews and the documentation reviewed the facility was found to meet the requirements of standard of 115.321.

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Juvenile Detention Center PREA Policy Book
3. Memo from SCRDC Superintendent to Stoddard County Sheriff
4. E-mail Response from Stoddard County Sheriff
5. Staff Training Records

Interviews included:

1. Superintendent
2. Chief Juvenile Officer
3. Random staff interviews
4. Random resident interviews

Site Review / Observation:

1. Facility postings
2. Brochures available to residents

Provisions:

115.322 (a) Stoddard County Regional Juvenile Detention Center PREA Policy Book (page 14) requires that all allegations of sexual abuse and sexual harassment are investigated by the Stoddard County Sheriff's Department. Interviews of agency representatives confirmed there were zero reported allegations of abuse or investigations during the past 12 months, therefore there were zero administrative investigations and zero criminal investigations. As result of zero investigations, The PREA Auditor could not review investigation reports to confirm the documentation matched the written procedure or PREA standards. Interviews of staff confirmed the staff's knowledge of which agencies are responsible for administrative and criminal investigations in all allegations of sexual abuse and sexual harassment.

115.322 (b) The Zero Tolerance Policy is in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. There were zero referrals in the past 12 months as evidenced by auditor confirmation with the Stoddard County Sheriff's Department, interviews with Stoddard County Regional Detention Center management, and interviews of random staff and students. As a result of there being no evidence showing allegations during the past 12 months, The Auditor asked the Superintendent if there had been any allegations since the last PREA audit. Superintendent Causey responded "no" when asked if there had been any. This auditor also reviewed the previous (2019) Final PREA Audit Report for any reported allegations or investigations. The 2019 audit report listed none. A review of the Missouri Department of Social Services website did show the agency's PREA Policy that includes a requirement that all allegations of sexual abuse or sexual harassment are referred to the local Law Enforcement Department as they have the legal authority to conduct criminal investigations.

115.322 (c) The Stoddard County Regional Detention Center policy and Stoddard County Sheriff's Department protocols govern PREA related investigations. The PREA Auditor confirmed with the Stoddard County Sheriff's Department that they are the authorized outside agency who conducts investigations into allegations of sexual abuse and sexual harassment.

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

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

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

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

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Juvenile Detention Center PREA Policy Book.
3. Employee Training Records

4. PREA brochure

Interviews included:

1. Superintendent
2. Random Staff
3. Specialized staff
4. Chief Juvenile Officer

Site Review / Observations:

1. Observation of opposite gender staff announcements upon entering resident living units.

Provisions:

115.331 (a) The Stoddard County Regional Juvenile Detention Center PREA Policy Book (page 15) does require that the facility provide PREA related training to all its employees who may have contact with youth. The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility.” The training documentation is reserved through employee signature and when applicable electronic verification that the employees understand the training they received.

Training includes topics such as:

- The Zero Tolerance policy for sexual abuse, sexual harassment,
- How to fulfill their PREA responsibilities under Juvenile Detention Center sexual abuse and harassment prevention, detection, reporting, and response policies and procedures
- Residents right to be free from sexual abuse and sexual harassment
- The right of residents and employees to be free from sexual abuse and harassment
- The right of residents to be free from retaliation for reporting sexual abuse and harassment
- The dynamics of sexual abuse and sexual harassment in juvenile facilities
- The common reactions of juvenile victims of sexual abuse and harassment
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- Relevant laws regarding the applicable age of consent (age of consent in Missouri is 17 years)

Random staff interviews revealed the staff know the learning objectives of the training (listed in #1-12 above).

115.331 (b) The Stoddard County Regional Juvenile Detention Center policy requires that training is tailored to the unique needs and attributes and gender of the residents at the facility. Stoddard County Regional Juvenile Detention Center provides services to youth off all gender identities. Youth are

housed based on their gender identity. At the time of the on-site portion of the audit there were only male identifying residents. The staff of the opposite gender receive the same training regardless of what shift they are assigned. Training documentation reviewed by The PREA Auditor supports this standard. The training is initiated during new employee orientation and is continued through annual refresher training.

115.331 (c) The Stoddard County Regional Detention Center Policy states that the facility documents employees written verification that they receive PREA training and understand their PREA responsibilities. The agency provides refresher training every year. This was confirmed by auditing the employee training files and interviewing the staff. In accordance with page 15 of the PREA Policy Book, employee records include acknowledgements of receiving PREA training and their responsibilities as first responders.

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

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

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

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy
2. PREA Training Curriculum and Post Tests
3. PREA Training Attendance Records and Sign In Sheets and Individual Acknowledgements
4. Memo to Lindsey Moore regarding PREA and Zero Tolerance
5. Training Documentation for Key PREA topics.

Interviews included:

1. Superintendent
2. Random Staff
3. Specialized staff

Site Review / Observations:

1. None

Provisions:

115.332 (a) The Stoddard County Regional Juvenile Detention Center Policy (page 15) states that the Superintendent 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. Superintendent Causey confirmed her responsibility in this area.

115.332 (b) The Stoddard County Regional Juvenile Detention Center Superintendent explained all volunteers and contractors who have contact with residents would be notified of the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. She also explained the training was the same as the full-time paid staff. Because the use of contractors or volunteers was limited in the past year due to COVID, The Auditor was able to review documentation related to 115.332 (b).

115.332 (c) Because there were no contractors or volunteers utilized at Stoddard County Regional Juvenile Detention Center during the past 12 months, The PREA Auditor was unable to review training documentation related to 115.332 (b) that confirmed that volunteers and contractors understand the training they have received. There is appropriate education and training documentation for contractors and volunteers that complete the training. The Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement contains the applicable information and acknowledgment that they understand the information.

The facility procedures and operations meet the requirements of standard 115.332 (a, b, and c).

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Juvenile Detention Center PREA Policy Book.
3. Site Posters
4. Juvenile Handbook
5. PREA Brochures

Interviews included:

1. PREA Coordinator
2. Intake Staff
3. Specialized Staff
4. Random Staff
5. Random Residents

Site Review / Observations:

1. Posters hanging in areas commonly used by residents such as: Common room in living areas, administrative areas, hallways, and intake area.
2. PREA materials available to residents, staff, and guests.

Provisions:

115.333 (a) The facility PREA Policy states that during the admissions process the youth are provided, by staff, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, sexual harassment, or sexual activity. This is done through verbal explanation by the intake staff and being provided the appropriate PREA education information in the PREA brochure and also included in the Resident Handbook.

When interviewed, 7 of 7 residents reported learning of and understanding the SCRDC PREA Policies and how to report sexual abuse and sexual harassment. Over the past twelve months 349 youth were admitted to the Stoddard County Regional Juvenile Detention Center. Of the 349 admissions 261 stayed longer than 72 hours. The intake documents include an acknowledgement signed by each resident that

they received and understood the Zero Tolerance policy information. SCRDC provides PREA education acknowledgement pages for the residents to sign when they participate in intake screening. When reviewing resident files, The PREA Auditor found no evidence that there were residents who did not receive the required Zero Tolerance Policy information.

115.333 (b) The Stoddard County Regional Detention Center PREA Policy Book (page 19 paragraph 2) states that within 10 days of intake, SCRDC shall provide comprehensive, age-appropriate education to youth about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. Through the random resident interviews, The Auditor found evidence that 7 of 7 residents had received a comprehensive PREA education upon intake. The average length of stay was reported at 10 days. After discussion with PREA Coordinator Causey, it was agreed the facility was compliant with standard 114.333 (b) due to the comprehensive education the residents receive upon admission and is followed up with pertinent information in in both the Intake Packet and in the new PREA Education Video. On May 16, 2022 Superintendent Causey submitted a signed statement attesting to starting to show the PREA Video weekly. As a follow up to the 2022 audit, through staff and resident interviews, the Auditor found the facility has been showing a PREA video weekly on a weekly basis. This has created a system where no youth would go longer than 7 days from intake education to re-education..

115.333 (c) During the intake staff interview The Auditor asked how he ensured current residents as well as those transferred from other facilities were educated on the facilities PREA Policy. The intake staff confirmed that all residents, regardless of where they came from, are provided the same resident education about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. All three DJO's explained all admissions receive the PREA education on the day they arrive.

115.333 (d) The SCRDC provided The Auditor with the resident education materials in formats accessible to all residents at the facility during the audit. When the three DJO's were asked how intakes with limited reading skills could learn the PREA related information they responded the staff would read the print information to the resident with the limited reading skills, get an interpreter through the courts, or if possible get a bilingual staff to translate the PREA information and show the resident how they can call the hotline number (posted on the walls in many areas) to file a report or request emotional support services. Furthermore, the courts have access to interpretive services for youth with special needs or disabilities including youth who are deaf, speech impaired, blind, or otherwise disabled. It is not Stoddard County Regional Detention Center policy to allow residents to be used as translators for other residents.

115.333 (e) The Superintendent was able to clearly explain the resident PREA education process. Upon auditor review, 7 of 7 resident files reviewed included documentation including the residents' acknowledgement of receiving and understanding the PREA information. In the resident interviews the youth were able to explain the process consistent with what is written in the facility PREA Policy and what is expected to meet this standard. 7 of 7 residents said they believed they could report allegations of sexual abuse and harassment without being punished or fearing retaliation.

115.333 (f) PREA related information is continuously and readily available to residents. During the on-site portion of the audit The Auditor was provided unobstructed movement within the facility and viewed PREA posters in the resident living units, classroom, and common areas. Posters included the name, address, and phone number to report sexual abuse and sexual harassment. The Auditor also

received a copy of and reviewed the PREA information in the brochure. PREA brochures and postings were observed in common areas of the building and observed in the lobby of Juvenile Detention Center building. Postings include the phone number for the Missouri Child Abuse Hotline (800) 392-3738 hosted by the Children Advocacy Service Center and SEMO-NASV (573) 332-1900. The calls are toll free and posted in each resident living unit. The Auditor called to verify the number was working and would be a resource for residents when they called. The Hotline representatives confirmed the intent of the services and the free services available to youth in need.

Because the residents have been receiving a comprehensive education upon intake and again within 7 days of intake (video every Wednesday) the Stoddard County Regional Detention Center does EXCEED the standard of 115.333 (b).

Corrective Action Findings: None

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

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book
3. Training Documentation

Interviews included:

1. Superintendent
2. SEMO-NASV (Medical Provider) Representative

Site Review / Observations:

1. None

Provisions:

115.334 (a) In accordance with Stoddard County Regional Detention Center Policy, staff members do not investigate allegations of sexual abuse. All investigations are conducted by outside agencies, therefore this section is N/A.

The Stoddard County Sheriff's department confirmed their PREA related investigative responsibilities at the SCRDC.

115.334 (b) Because abuse investigations are the responsibility of the Stoddard County Sheriff's Department and the Missouri Division of Youth Services Out of Home Investigations (OHI) Stoddard County Regional Detention Center staff are not required to have specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Random staff interviews showed staff are trained on and understand evidence preservation standards. The Stoddard County Sheriff's Department investigative staff and OHI staff are trained in the areas necessary to conduct administrative and criminal sexual abuse investigations. This section is N/A.

115.334 (c) Stoddard County Regional Detention Center did not have documented proof of specialized training because the investigations are completed by outside agencies. This section is N/A.

115.334 (d) Auditor is not required to audit this provision.

The PREA auditor called Stoddard County Sheriff's Department. The department representative confirmed they are the responsible agency for administrative investigation related to abuse and neglect allegations. As written in an e-mail from the Stoddard County Sheriff's Office, the SCSO is responsible for criminal investigations at the Regional Detention Center.

The facility meets the requirements of standard 115.334 (a-d).

Corrective Action Findings: None

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

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book.
3. Training Documentation

Interviews included:

1. Superintendent
2. Stoddard County Sheriff's Department Representative
3. SEMO-NASV Representative

Site Review / Observations:

1. None

Provisions:

115.335 (a) The Stoddard County Regional Detention Center does not have on site medical and mental health practioners. All residents are transported off site for services, therefore this standard is not applicable. SEMO-NASV is utilized for mental health needs and Missouri Delta Medical Center is utilized for medical needs. SCRDC policy does reference medical and mental health training requirements on page 16 of the PREA Policy Book. It references mental healthcare practitioners who work regularly in the Center should be trained in their role in prevention, detection, physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations.

115.335 (b) Stoddard County Regional Detention Center staff do not conduct forensic exams. The Superintendent confirmed this fact. The Director at the Southeastern Missouri Network Against Sexual Violence confirmed via phone the trained and certified Forensic Unit medical staff conduct the exams for the SCRDC.

115.335 (c) Medical and mental health staff do receive PREA training, however because they are not employed by the County or work at the facility the facility is not held to this standard. The Representative of SEMO-NASV explained the training the medical staff go through. They are appropriately trained and IAFN certified (International Association of Forensic Nurses).

115.335 (d) The Stoddard County Regional Detention Center Policy dictates that Medical and Mental Health practitioners shall complete the necessary PREA training. There are no SCRDC medical and mental health staff employed by the agency. The Representative of SEMO-NASV confirmed that their staff have received training in accordance with 115.331 and 115.332.

Using information from interviews and documentation reviews (training records and policy reviews) the facility was determined to be in compliance with PREA Standard 115.335 (a-d).

Corrective Action Findings: None

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 nonconforming 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

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.

The following evidence was analyzed in the making of the compliance decision:

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy
3. SAVAC – Sexual Assault Victim Assailant Checklist
4. Stoddard County Juvenile Detention Center Intake Packet

Interviews included:

1. Intake Screening Staff
2. Superintendent
3. Random Resident

Site Review / Observations:

1. There were no resident intakes/admissions to observe during the on-site portion of the audit.

Provisions:

115.341 (a) Page 17 of the Stoddard County Regional Detention Center PREA Policy Book does list that within 72 hours of a resident's arrival at the facility, the clinical staff perform screening that uses an objective screening instrument to obtain information about the youth's personal history and behavior to reduce the risk of sexual abuse by or upon another youth. Upon review of the screening instrument form (Sexual Assault Victim Assailant Checklist – SAVAC), The Auditor determined the screening instrument includes the elements required in provisions 115.341 a, b, and c. During discussions with intake staff The Auditor inquired about the admissions and assessment process. The staff who were

interviewed consistently explained how the first thing youth do upon admission is spend time with the designated intake staff in the intake area of the building. The PREA Auditor toured the intake section of the building. The area included private space for individual and confidential assessment meetings.

The intake staff stated the facility continues to gather information periodically throughout the youth's stay to reassess housing and supervision assignments based on incidents and periodically for residents who have an extended stay at the Detention Center. The space is limited, but there is space to separate residents as needed.

115.341 (b) The Stoddard County Regional Detention Center policy states assessments are to be conducted using objective screening instruments within 72 hours of intake. The PREA Auditor reviewed written youth assessments that had been previously completed. In their interviews staff were able to explain the assessment process and what role the objective screening tool (Sexual Assault Victim Assailant Checklist – SAVAC) plays in the youth classification process.

SCRDC uses the SAVAC screening tool results to determine resident placement in the facility and if they have any special needs. Residents interviewed reported the screening and education process taking place the day they arrived at the facility. A review of the SAVAC documentation supported what was reported in the interviews.

115.341 (c) In accordance with the facility PREA Policy Book, the screening instrument, in use at SCRDC does include the following information:

1. Prior sexual victimization or abusiveness
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore vulnerable to sexual abuse
3. Current charges and offense history
4. Age
5. Level of emotional and cognitive development
6. Physical size and stature
7. Mental illness or mental disabilities
8. Intellectual or developmental disabilities
9. Physical disabilities
10. The residents own perception of vulnerability
11. Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents

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

115.341 (e) The Superintendent, and intake staff indicated during interviews that the information obtained during the initial, and any follow up screening is sensitive and treated as confidential, therefore

the information has limited dissemination and access to the files is on a need-to-know basis. Employees are only permitted to view the protected information on a need-to-know basis. The facility secures the written records in a locked cabinet and a restricted password protected files for electronic records.

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

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

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book
3. SAVAC - PREA Screening Instrument Form
4. SCRDC Intake Packet
5. Resident Records

Interviews included:

1. Superintendent
2. Random Residents

3. Random Staff
4. Staff Responsible for Risk Screening/Intake

Site Review / Observations:

1. Intake and Assessment area.
2. Facility Tour - no isolation rooms were observed.

Provisions:

115.342 (a) Intake staff explained that the facility uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for youth. The SAVAC screening tool does provide an objective tool to aide in deciding housing, bed, program, education, and work assignments. Despite resident rooms being single occupancy rooms, housing assignments are discussed anytime there is an incident and moving kids room assignment is considered an intervention to keep residents safe and free from violence and/or abuse.

115.342 (b) Stoddard County Regional Detention Center Policy allows residents being isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe. Due to the secure single room facility design, isolating residents at risk of sexual victimization is not necessary. During the on-site phase of the audit The PREA Auditor walked freely through the facility and was given access to all areas as requested. At no time were isolation practices observed.

If a youth were to be isolated for safety purposes, the reason would be documented along with the reason for no alternative to isolation shall be documented. Furthermore, page 17 of the PREA policy states, "all detainees have equal access to all programs, legal services, and any other activities at all times." The Auditor found no reported cases that required isolation or documentation of isolation.

115.342 (c) The Superintendent explained the facility does not place LGBTQ residents on a special housing status/assignment or identification status as an indicator of vulnerability for sexual assault or harassment. Throughout both staff and resident interviews, no one reported that the Stoddard County Regional Detention Center had a LGBTQ resident for the past 12 months, therefore there were no bed assignment records or screening instruments to evaluate for this standard. The program staff reported that if LGBTQ youth were in the program they would always refrain from considering lesbian, gay, bisexual, transgender, intersex, or questioning (LGBTQ) identification or status as an indicator or likelihood of being sexually abusive. Random staff interviews revealed no special housing based on how a resident gender identifies. Page 17 of the PREA Policy Book support what was reported by facility personnel.

115.342 (d) The Random Staff, Intake Staff, Supervisors, and Superintendent reported no LGBTQ identifying residents in the facility during the past 12 months. Those staff interviewed stated the bed/housing assignments are made on a case-by-case basis and as with all youth the assignment would be based on ensuring the residents health and safety, and whether placement would present management or security problems. During the on-site portion of the audit 7 residents were in the facility and none were on a particular living unit or room assignment due to their risk of violence or being a victim of violence.

Examples of responses to questions about the presence and treatment of LGBTQI+ residents included:

- There are none here now. There was a gay resident a year or two ago. We would treat them the same as the other residents. (STAFF)
- I don't know of any (LGBTQI+) here, but we wouldn't treat them different if they were. (STAFF)
- No LGBTQI+ staff or students here.... not that I am aware of. (STAFF)

115.342 (e) The Stoddard County Regional Detention Center is designed for a short-term length of stay; however, some residents have resided at the facility longer. The Superintendent explained that long term stay residents are reassessed on a regular basis, not to exceed every six months in time. During the audit there were no LGBTQ identifying residents at the facility. Regardless of who was at the facility during the audit, the practice of reassessing residents every six months meets the standard that transgender and intersex residents programming is reassessed at least twice per year.

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

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

115.342 (h) Stoddard County Regional Detention Center practice requires the staff document any student isolation or separation including 1. The basis for the facilities concerns for the resident's safety. 2. The reason why no alternative means of separation can be arranged. SCRDC staff explained any placement and programming assignments for any transgender or intersex resident shall be reassessed every week to review any threats to safety experienced by the resident.

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

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

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? ☒ Yes ☐ No
- 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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book
3. Youth Safety Education
4. Juvenile Grievance Form (English & Spanish)
5. Sexual Abuse and Assault Brochure
6. Detention Center PREA Brochure

Interviews included:

1. Superintendent
2. Intake Staff
3. Random Residents

Site Review / Observations:

1. Intake assessment and orientation area.
2. Facility Tour

115.351 (a) Stoddard County Regional Detention Center provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. The Stoddard County Regional Detention Center PREA Policy (page 18 Resident Reporting) lists the following options to report:

- Notify any staff verbally or in writing
- Report to a third party (policy allows third parties to assist residents in making reports)
- Submit a report in writing via the “suggestion/Anonymous reporting box”
- Reporting anonymously and in private is permitted
- Reporting staff misconduct without having to first attempt to resolve the complaint with any detention staff.

The Auditor observed posters with the hotline phone number in areas residents had access to. The Auditor tested phone number and confirmed the number provided access to confidential resources outside the facility. The areas where the posters were present included living units, classroom, and hallways. Also observed were grievance boxes where youth could put a note asking to speak with someone.

In Random resident interviews, 7 of 7 residents could explain at least two ways to report sexual abuse and/or harassment. 7 of 7 residents explained they would tell a staff or their parents.

115.351 (b) Stoddard County Regional Detention Center provides at least one way for residents to report sexual abuse or harassment accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. During her interview Superintendent Tonya Causey explained staff are trained to accept resident reports anyway they are made including verbally, in writing, and anonymously. 100% of the staff reported they would accept resident reports in any way they were communicated.

The Child Abuse Hotline 1 (800) 392-3738 was observed posted throughout the facility. This phone number was tested and confirmed by the PREA Auditor during the facility tour. The Hotline operator confirmed the Hotline abuse and neglect procedures for taking and processing a call from the Stoddard County Regional Detention Center. The Hotline is available 7 days per week and 24 hours per day. Anonymous calls are also accepted.

7 of 7 residents gave examples of "how" they could report to a Third Party. Responses included:

- Calling the Hotline using the phone in the living unit
- Mailing a complaint to family member
- Mailing a complaint to the address on the poster
- Telling a family member during a visit
- Telling their lawyer
- Telling a trusted staff member.

The Stoddard Regional Detention Center does not detain residents solely for the civil immigration purposes. However, the PREA Policy Book (on page 18) states residents detained solely for civil immigration purposes would be provided information on how to contact relevant consular officials and the Department of Homeland Security.

115.351(c) In accordance with Stoddard County Regional Detention Center PREA Policy Book, any staff member shall accept reports of sexual abuse and sexual harassment from a detained juvenile or a third party, whether verbally or in writing, and shall promptly document any verbal reports. This was evident in both the staff and resident responses during the in-person interviews. When asked about

documenting verbal reports of sexual abuse and sexual harassment all of the non-supervisory staff responded that they would immediately share the report with their supervisor and once the residents had been determined safe (i.e. separated from the alleged aggressor and free from retaliation) the staff would document what they were initially told.

During the interviews the PREA auditor stressed the importance of reporting allegations of sexual abuse and harassment as a priority in the first responder duties.

115.351 (d) The Stoddard County Regional Detention Center provides residents access to grievance forms and writing instruments to privately make a written report. The Auditor observed grievance forms available and 7 of 7 residents reported access to writing instruments upon request. In interviews 7 of 7 residents reported that they believed they could file a confidential grievance or allegation of sexual abuse or harassment.

The Stoddard County Regional Detention Center staff can submit reports of allegations of sexual abuse or harassment of residents by submitting a report to the Superintendent or by calling the Child Abuse Hotline. The staff interviews revealed the staff understand their reporting responsibility, the multiple reporting avenues they have, and what the PREA expectations are.

115.351 (e) The Stoddard County Regional Detention Center has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The procedures are listed in the PREA Policy Book and include reports:

1. Verbally in person
2. In writing
3. By e-mail
4. Verbally by phone

During staff and student interviews all interviewees pointed out the posted hotline phone number as an example of a way to privately and confidentially report. Staff also discussed learning the process in their annual PREA training.

Based on the information learned in the resident and staff interviews, document reviews, and the observed facility postings, it was determined that the facility does meet the requirements of standard 115.351 (a – e).

Corrective Action Findings: None

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: An 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 an 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.

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

Documents reviewed included:

1. Stoddard County Regional Detention Center PREA Policy Book
2. Grievance Forms
3. Student PREA Education and Orientation materials

Interviews included:

1. Superintendent
2. Random Residents
3. Random Staff

Site Review / Observations:

1. Grievance Boxes

Provisions:

115.352 (a) The Stoddard County Regional Juvenile Detention Center facility does have administrative procedures to address resident grievances regarding sexual abuse and harassment. The PREA Auditor confirmed through a review of facility policies and interviews that grievances regarding sexual abuse

and harassment are immediately treated as a PREA allegation and the appropriate steps of reporting and follow up are implemented. The Auditor asked supervisory staff, "What would happen if you received a written note, related to sexual abuse or harassment?" Replies included:

- We would treat it like any other PREA allegation and follow the protocols.
- I would follow the PREA policy and notify my supervisor.
- I would follow the PREA procedures.

Youth are educated on PREA and the Grievance procedures upon admission to the facility. The Superintendent (or designee) reviews all Grievances within 24 hours of them being filed and informs the resident of the outcome of her or his investigation. In individual interviews, residents confirmed knowledge of the Grievance procedure and how to put a written complaint in the grievance box. 7 of 7 residents said they trusted the grievance process.

115.352 (b) The Auditor found no evidence of timelines or restrictions on grievances for reporting sexual abuse or sexual harassment. Per policy and found in staff and resident interviews, youth are not required to use any particular reporting manner (i.e. informal grievance, internal problem solving, or making it mandatory to address the staff they are reporting). A review of the resident rights, Juvenile Handbook, and Grievance Policy showed no evidence of limiting their legal reporting rights of a juvenile in the Stoddard County Regional Detention Center.

115.352 (c) In accordance with Stoddard County Regional Detention Center PREA Policy Book and as confirmed in the resident and staff interviews, a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Furthermore, there is no time limit imposed on filing a sexual abuse or harassment complaint at SCRDC.

7 of 7 residents confirmed they could file a complaint against a staff member without the grievance going to the staff in question. The Auditor received responses such as:

- I would tell my Mom/Dad/Grandma
- I would tell my attorney
- I would tell a staff I can trust

115.352 (d)

1. All grievances and allegations related to sexual abuse and harassment are referred to the Hotline and Stoddard County Sheriff's Department for criminal investigations. The Out of Home Investigations (OHI) or Children's Division may conduct the administrative investigations. During a telephone conversation with the Auditor, the Sheriff's representative acknowledged the expected PREA guidelines and said they complete their portion of the investigation as soon as possible. This would allow the Stoddard County Regional Detention Center to issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

2. The Stoddard County Regional Detention Center Superintendent was aware that if they determined that the 90-day timeframe is insufficient they would refer to the PREA standards and make an appropriate decision and claim an extension of time and notify the resident in writing of any such extension and provide a date by which a decision will be made. Through interviews of residents,

interviews of staff, and a review of documentation of the past 12 months the auditor found zero allegations or grievances related to sexual abuse or harassment.

3. If all of the time limits of 1 and 2 of this section (d) are exhausted and the resident does not receive a written response the youth could contact their lawyer, guardian, or Child Abuse Hotline. Also, the in accordance with PREA policy, SCRDC could claim an extension of time, up to 70 days, to complete the investigation if the normal time is insufficient to make an appropriate decision. If an extension was necessary, the Superintendent would notify the resident verbally and in writing.

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

1. According to Stoddard County Regional Juvenile Detention Policy, verbal reports received residents, anonymous reports and from third party reports shall be received and documented on an Incident Report form and Shift Notes.

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

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

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

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

115.352 (f)

1. The Stoddard County Regional Detention Center has confidential grievance boxes and has good communication between the staff and residents. The PREA Auditor observed residents talking to staff in private away from other residents. If a resident informally asked to speak with staff, the staff would either stop what they were doing or tell the resident they would finish what they were doing and return to speak with the youth. Additionally, a resident can call the Child Abuse Hotline anytime upon request. These procedures meet the standard of having an established procedure for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

2. The Stoddard County Regional Detention Center's administrators maintain constant communication with the direct care staff, supervisors and residents. Any grievance or complaint alleging a resident is subject to a substantial risk of imminent sexual abuse, in accordance with facility policy, the matter would be immediately reviewed at the highest level of the Detention Administration and forwarded to the Hotline and Stoddard County Sheriff's Department for investigative processing.

3. After receiving an emergency grievance, the Superintendent would provide an initial response within 24 hours (meeting the 48-hour standard).

4. The Superintendent is responsible for providing a final agency decision within five calendar days.

5, 6, 7. Because the Stoddard County Regional Detention Center does not conduct any investigations and any grievance related to sexual abuse and harassment would be turned over to the authorities (Children's Division, OHI, Stoddard County Sheriff's Department), they could be considered exempt from the standards listed in #5, 6, and 7 of this section. However, the Superintendent did address emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse would be reviewed for immediate corrective action. The Superintendent and Supervisors did place a high level of priority related to appropriately communicating with residents on all resident safety concerns. This was observed by the Auditor while on the facility tour and while on site conducting interviews and observing overall operations. Staff were observed speaking with the residents, not just talking at them. SCRDC staff demonstrated a positive rapport with both the students and fellow facility staff.

115.352 (g) The Stoddard County Regional Detention Center may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. The Auditor found zero grievances filed over the past 12 months alleging sexual abuse or harassment.

Throughout facility staff interviews, outside agency interviews, and document reviews The Auditor found zero grievances filed for the purpose of reporting sexual abuse or harassment. In the interviews the residents all reported feeling safe at the facility and that they could file an allegation without fear of retaliation. The random staff interviews revealed the staff were aware of the resident and third part grievance procedures. The grievance procedure does include avenues for filing an appeal.

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

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Detention Center PREA Policy Book
2. MOU between SEMO-NASV and SCRDC
3. PREA Brochure
4. PREA Posters
5. Facility Schematics
6. Parent/Attorney Information Handout

Interviews included:

1. Superintendent
2. Intake Staff
3. Supervisory Staff
4. Random Residents
5. SEMO-NASV Representative

Site Review / Observations:

1. Telephone locations and resident ability to make confidential calls.
2. Rooms provided for confidential resident meetings with lawyers, advocates, and parents

115.353 (a) The Stoddard County Regional Detention Center allows all residents have access to outside confidential support services related to sexual abuse and harassment. The facility provides information in the living unit and common area building postings that include mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. 7 of 7 residents interviewed confirmed they believed a call to outside support services would be private and confidential. When interviewed, the residents confirmed they could ask for privacy when speaking with their attorney or an outside advocacy service. 10 random staff and 2 administrative staff interviewed confirmed residents were provided private and confidential phone calls upon request.

The Auditor observed and called to confirm the following phone number posted in the resident living areas, dining room, and classrooms- Missouri Child Abuse and Neglect Hotline 1-800-392-3738

The facility also provides residents with information about outside victim advocates for emotional support services by giving the residents brochures for the Child Abuse and Neglect Hotline. The brochure does include a mailing address for residents to correspond by mail. The address is listed is 1359 North Mount Auburn Road, Cape Girardeau, MO 63701. The Auditor called the phone number on the brochure and spoke to a hotline staff about the confidential services offered to callers. The hotline staff reported no calls on record from the Stoddard County Regional Detention Center in the past 12 months.

The Stoddard County Regional Detention Center does not provide services for youth detained solely for civil immigration purposes; therefore no postings or brochures include contact information for immigration services. The SCRDC PREA Policy Book does reference that information on how to contact the Department of Homeland Security would be provided if appropriate.

115.353 (b) 7 of 7 residents reported during their interviews that upon admission they received information on how to access outside confidential support services and that they believed they could make confidential calls upon request. 7 of 7 residents and intake staff confirmed the residents are informed of the mandatory reporting rules, governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The Auditor observed the PREA posters with toll free numbers to access confidential support services. The Auditor tested the phone numbers and confirmed the process was established and working. 11 of 11 random staff and 2 of 2 administrative staff confirmed in their respective interviews that the resident phone calls could be made in a confidential manner upon request.

115.353 (c) The Southeastern Missouri Network Against Sexual Violence (SEMO-NASV) provides the Stoddard County Detention Center residents with confidential emotional support services related to sexual abuse and harassment. Services are free of charge and can be provided in person or by phone. The Auditor confirmed the services are available and applicable to PREA Standard 115.353 by internet research (www.semonasv.org) and calling and speaking with the Representative Kendra Eads of SEMO-NASV. An MOU between SEMO-NASV and SCRDC confirmed compliance with this provision.

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

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

Corrective Action Findings: None

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

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book
3. PREA Zero Tolerance Posters
4. MOU between SEMO-NASV and SCRDC

Interviews included:

1. Superintendent
2. Random Residents
3. Random Staff

Site Review / Observations:

1. Facility postings

Provisions:

115.354 (a) The Stoddard County Regional Juvenile Detention PREA Policy Book (page 19) describes the procedures to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a youth. The procedures are listed in the PREA Brochure. The Juvenile Detention Center "What to Know About Sexual Abuse and Assault" provides an explanation on how to make third-party reports of resident sexual abuse or sexual harassment.

Random staff interviews revealed the staff are aware of the Third-Party reporting expectations. 14 of 14 total staff interviewed reported they would accept a Third-Party report and follow the facility procedures. During interviews, all of the residents explained there was someone outside the facility they could report an allegation of sexual abuse or sexual harassment.

When contacted by The Auditor, the Hotline staff explained they would accept a Third-Party report of sexual abuse or harassment.

The Auditor observed the posting of the 3rd party reporting procedure posted on wall hangings in the visitor entrance to the facility. Also, the Juvenile Detention Center ZERO Tolerance posting explains, "Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1 800 392-3738."

Through gathering information in interviews, observing the on-site wall hangings, and reviewing related policies it was determined the facility meets the standards listed in 114.354.

Corrective Action Findings: None

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book
3. Missouri Reviser of Statutes RSMo 210.115 Mandatory Reporting Laws
4. PREA Posters

Interviews included:

1. PREA Compliance Coordinator
2. Random Staff
3. Hotline Representative
4. Intake Staff

Site Review / Observations:

1. Facility Postings

Provisions:

115.361 (a & b) Stoddard County Regional Detention Center PREA Policy Book requires SCRDC staff 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 residents or staff who reported such an incident; and any staff neglect or violation of responsibility that may have contributed to an incident or retaliation.” The applicable Child Abuse Reporting law referenced is 210.115.1 of the Revised Statutes of the State of Missouri.

All staff interviewed acknowledged their responsibilities as mandated child abuse reporters. All staff could describe the PREA training they completed and the intent of the PREA standards and Child Abuse reporting laws.

115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, according to the Stoddard County Regional Juvenile Detention Center PREA Policy Book (page 20), staff are subject, by policy to confidentiality regarding detainee’s stay in the facility, including, but not limited to sexual abuse. Staff interviews confirmed this standard on confidentiality is understood at SCRDC.

115.361 (d) The County Detention Center does not have medical and mental health staff. Through an interview with SEMO-NASV representative, The Auditor learned both the SEMO-NASV mental health and medical practitioners understand they are required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. The medical staff and the mental health practitioners are trained on their duty to report through the IAFN certification.

115.361 (e) In accordance with the SCRDC PREA Policy Book, upon receiving any allegation of sexual abuse or neglect, the Superintendent or designee shall call the Child Abuse Hotline and Stoddard Department of Public Safety. In addition, the facility head shall promptly notify the alleged victims’ parents or legal guardians and his or her attorney and Court caseworker. If the juvenile court retains jurisdiction of the alleged victim the assigned court representative is notified by the facility Superintendent. Though the PREA Audit interview process, The Auditor learned Superintendent Causey does have a good understanding of the mandated reporting processes.

115.361 (f) In the past 12 months, there were zero allegations of sexual abuse that required a call to the investigative authorities. Interviews of key staff and a review of related policy demonstrate the facility is aware of the requirements to immediately report all allegations of sexual abuse and sexual harassment, including third party anonymous reports, to the Stoddard County Sheriff’s Department or SEMO-NASV.

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

Corrective Action Required: None

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book

Interviews included:

1. Superintendent
2. Random Staff
3. Random Residents

Site Review / Observations:

1. Facility Postings

Provisions:

115.362 (a) Interviews of random staff as well as administrators revealed 11 of 11 random staff of Stoddard County Regional Detention Center staff understand that when anyone learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident. The SCRDC PRE Policy page 20 – Agency Protection Duties supports this standard (115.362). All staff interviewed discussed separating a resident that may be at risk. Because the facility does not utilize isolation the separation procedures shared by staff included changing room assignments so alleged victims and perpetrators would be on separate living units and providing one on one supervision to both individuals. If the alleged perpetrator is a staff, he/she would be suspended from working directly with the residents until the investigation is complete. The Stoddard County Regional Detention Center process removes the person (staff or resident) who is causing the imminent risk of sexual abuse or harassment.

During resident interviews the residents expressed trust in the facility reporting and response process. 7 of 7 residents reported feeling safe in the facility. In interviews, staff were able to explain the process of receiving a report, making a report, separating the alleged victim from the perpetrator, protecting evidence, and documenting everything.

Based on information received from interviews, documentation reviews, and public postings, the facility meets the requirements of standard 115.362.

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. PAQ
2. Missouri County Regional Juvenile Detention Center PREA Handbook.

Interviews included:

1. Superintendent
2. Random Staff
3. First Responder Staff

Site Review / Observations:

1. None

115.363 (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the SCRDC Superintendent will notify the head of any other facility upon which the alleged abuse occurred. The Superintendent will also initiate notifications and investigation procedures in accordance with PREA Standards.

The SCRDC Superintendent reported not receiving any allegations, in the past 12 months, that a resident was abused while confined at another detention facility.

115.363 (b) The SCRDC Superintendent will initiate the notification process no later than 72 hours after receiving the allegation.

115.363 (c) SCRDC PREA Policy (page 21) states, “all notifications shall be documented by the facility.”

115.363 (d) The facility head or agency office that receives such notification is responsible to ensure that the allegation is investigated in accordance with these standards.

Based on the information received in interviews and review of PREA policies, the facility meets the requirements of standard 115.363 (a-d).

Corrective Action Required: None

Standard 115.364: Staff first responder duties

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

115.364 (a)

- 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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book.
3. Agreement between SCRDC and Stoddard County Sheriff's Department
4. First Responder Protocols in the Event of Sexual Abuse

Interviews included:

1. Superintendent
2. Random Staff
3. First Responder Staff

Site Review / Observations:

1. None

Provisions:

115.364 (a) According to the SCRDC Policy and PREA training, upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser and then preserve and protect the crime scene. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to request that the alleged victim and abuser do 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.

The above practices were supported in the First Responder interviews where 11 of 11 random staff responded in accordance with the guidelines.

115.364 (b) The Stoddard County Regional Detention Center staff are all trained to respond in the same manner. All responders are trained to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence, and then report the incident per policy.

There were no allegations or investigations into incidents of sexual abuse in the past 12 months, therefore there were no related reports to review for compliance with this standard. The evidence used to determine compliance with this standard was the PREA policy review, student education materials, First Responder Protocols, and First Responder staff interviews.

Based on information learned during the on-site interviews and documentation reviewed, the facility is determined to be in compliance with the requirements of standard 115.364.

Corrective Action Required: None

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.

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

Documents reviewed included:

Stoddard County Regional Detention Center PREA Policy Book

Coordinated Response to Reports of Sexual Abuse

Interviews included:

1. Superintendent
2. Random Staff
3. First Responder Staff

Site Review / Observations:

1. None

Provisions:

115.365 (a) Superintendent Causey explained the Stoddard County Regional Detention Center Coordinated Response to Reports of Sexual Abuse includes the guidelines for a staff's response to

allegations of sexual abuse and sexual harassment. The plan includes each position's role and specific action they are expected to take including first responders, mental health staff, administrators, and leadership. The Superintendent explained the facilities coordinated response plan. In interviews, the Superintendent, random staff, and First Responders could also articulate the process.

Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 155.365.

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. Stoddard County Regional Detention Center PREA Policy Book
2. Staff files

Interviews included:

1. Superintendent (with Human Resources duties)
2. Random Staff

Site Review / Observations:

1. None

Provisions:

115.366 (a) There are no agreements in place that would prohibit the Stoddard County Regional Detention Center from removing staff alleged to be involved in sexual abuse or sexual harassment. Juvenile Detention Center policy states alleged sexual abusers or harassers can be removed from contact with residents pending investigations and/or final outcomes, including discipline that is warranted, related to allegations of sexual abuse and harassment. Interviews of the Superintendent and Random Staff provided no evidence that the facility participates in a collective bargaining processes that would limit PREA compliance.

115.366 (b) The auditor is not required to audit this provision.

Through staff interviews and file audits, The PREA Auditor determined the facility meets the requirements of standard 115.366.

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. PAQ
3. Log for Retaliation Monitoring
4. Staff files

Interviews included:

1. Superintendent
2. Detention Juvenile Officers

3. Random Staff

Site Review / Observations: None

115.367 (a) The Stoddard County Regional Detention Center has a policy that calls for designated staff provide protection against retaliation to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Superintendent is the staff designated to monitoring retaliation against staff or residents that report sexual abuse or harassment. The designee on each shift is the Detention Juvenile Officer assigned. Staff members that are designated as responsible for monitoring retaliation were interviewed.

115.367 (b) The agency employs multiple protection measures for staff and residents that fear retaliation for reporting sexual abuse or sexual harassment. Measures include room changes, removal of alleged abuser from contact with the alleged victim, and emotional support services, for youth or staff who fear retaliation. During the on-site audit, The PREA Auditor asked the Detention Juvenile Officers for reasons that would necessitate the movement of residents from one living unit to another. The direct supervision staff explained how the staff would discuss and agree on room moves to avoid incidents based on potential conflicts among residents. This was not sexual abuse or sexual harassment related; however, it was a demonstration that the facility did implement proactive protection/intervention measures to avoid negative incidents among the residents.

115.367(c, d, e) The Superintendent is responsible for protecting staff and residents who report sexual abuse and sexual harassment. In accordance with facility policy (page 21-22 - Protection against Retaliation) For at least 90 days (or until when the allegation is unfounded) the designated staff (Superintendent or Detention Juvenile Officer) is tasked with protecting residents from retaliation. The person charged with monitoring the staff and residents for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews. This Superintendent and Detention Juvenile Officers are expected to conduct periodic status checks on the alleged victim and act promptly to remedy any retaliation.

Because there were zero reported allegations of sexual abuse or sexual harassment during the last 12 months, The Auditor was unable to review completed documentation which would prove or disprove compliance with this standard. The Stoddard County Regional Detention Center “Log for Retaliation Monitoring of Staff/Detainees” is an appropriate tool to use when there is an incident. Interviews of the key staff designated as those responsible for monitoring for retaliation resulted in the individuals interviewed being able to explain procedures they would employ to protect residents.

As a result of the evidence considered (interviews, policy review, and staff file reviews), the facility was found to meet the requirements of this standard 115.367 (a-e).

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. Stoddard County Regional Detention Center Policy
2. PAQ
3. Facility Schematic
4. Incident reports
5. Resident Files

Interviews included:

1. Superintendent
2. Random Staff
3. Random Residents

Site Review / Observations:

1. Facility tour

115.368 (a) Stoddard County Regional Detention Center does not have or implement the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. As observed on the facility tour, the facility does not utilize segregated

housing in the living unit for victims of alleged sexual abuse. The facility maintains single person secure rooms and residents are permitted out of their rooms one at a time, therefore there is no reason to isolate anyone beyond the daily operational practices.

As reported on the PAQ, given as responses during staff and student interviews, and discovered during living unit log reviews; In the past 12 months the number of residents who allege to have suffered sexual abuse who were placed in isolation was zero. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services is zero. The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization is zero.

Evidence considered in making a compliance decision included the following: Documentation reviewed to determine compliance included incident reports and resident case files to determine if isolation is used at all at the Stoddard County Detention Center. Interviews included Superintendent, Detention Juvenile Officers, random staff, and residents. Observations included each living unit to determine if there was an isolation area. The PREA auditor could not find evidence that isolation is used for residents that have suffered sexual abuse.

As a result of the evidence considered, the facility meets the requirements of standard 115.368.

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book

2. Staff Files
3. MOU Between SCRDC and Stoddard County Sheriff's Department

Interviews included:

1. Superintendent
2. Sheriff's Department Representative
3. SEMO-NASV Representative
4. Random Staff

Site Review / Observations:

1. N/A

Provisions:

115.371 (a) When interviewed the Superintendent explained when an allegation is made, the facility staff first ensure the alleged residents involved are safe and the potential crime scene is not disturbed. They then call the Hotline and the Stoddard County Sheriff's Office as soon as possible. When asked specifically how long it takes to initiate an investigation the Superintendent replied, "as soon as possible."

At the Stoddard County Regional Detention Center, the investigating authorities are the Stoddard County Sheriff's Department for criminal and administrative investigations. The Superintendent explained how anonymous or third-party allegations would not be treated any different than any other allegation of sexual abuse or harassment. There were no investigation documents to review because there were no allegations of sexual abuse or harassment reported in the past 12 months.

115.371 (b & c) The Stoddard County Regional Detention Center refers all investigations related to sexual abuse and sexual harassment to the Stoddard County Sheriff's Department. When contracted by The Auditor the Stoddard County Sheriff's Department representative confirmed the departments investigative responsibilities at Stoddard County Regional Detention Center. Superintendent Causey explained OHI and Stoddard County Sheriff's Department investigators receive specialized training in sexual abuse investigations involving juvenile victims pursuant to 115.334. From discussions with the SCRDC Superintendent and the Sheriff's department representative, it was confirmed the investigation process includes the following:

1. Investigators are required to stay current on sexual assault training techniques and relevant information.
2. Training includes:
 - a. Techniques for interviewing juvenile sexual abuse victims.
 - b. Proper use of Miranda and Garrity warnings.
 - c. Sexual abuse evidence collection in confinement settings.
 - d. The criteria and evidence required to substantiate a case for administrative or prosecution referral.

3. The investigation process, including gathering of evidence.
4. Investigation relate to juveniles are initiated immediately upon receiving a report.
5. Third party or anonymous reports of sexual abuse or sexual harassment are not handled any different.
6. The District Attorney's office is consulted throughout all investigations in case prosecutions are the end result of the investigations.

During an interview of the SEMO NASV representative, she explained they work closely with the investigators from the Police Department during sexual abuse investigations involving juveniles. This includes training the investigators on evidence preservation and collaborating on individual cases involving alleged sexual assault.

115.371(d) Stoddard County Regional Detention Center management (Superintendent and Detention Supervisor) reported in separate interviews that the facility administrators would refrain from terminating an investigation solely because the source of the allegation recants the allegation, or the alleged abuser or victim departs from the facility. Because the facility did not have any closed investigations reported in the past 12 months, The Auditor could not ascertain a reason to determine non-compliance with this provision. Additionally, the Sheriff's Department does not terminate investigations solely because the source of the allegation recants the allegation.

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

115.371 (f) The Stoddard County Regional Detention Center accepts all allegations of abuse or harassment regardless of the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff. All allegations are submitted to Hotline and forwarded to local law enforcement (the Stoddard Sheriff's Department). When interviewed, the Superintendent confirmed the facility does not judge the person or the allegations, nor require a polygraph or other truth telling device as a condition for proceeding. She stated they immediately would forward all allegations of sexual abuse and sexual harassment to the proper authorities as listed in facility policy.

115.371 (g) In accordance with Policy (page 23) the Stoddard County Regional Detention Center is not responsible for investigations. Investigations, by outside agencies, into sexual abuse do include a determination as to whether staff actions or failures to act contributed to the abuse. The investigations are documented and include all aspects of the investigation into the allegation.

The SCRDC Superintendent has received training and understands the basic protocols for preserving evidence, separating those involved, and getting written statements that can be used in the investigation.

115.371 (h) Because there were zero investigations, The Auditor was unable to determine compliance or non-compliance as to whether criminal investigations were documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.371 (i) In accordance with Stoddard County Regional Detention Center policy all criminal investigations are referred to the Hotline and Stoddard County Sheriff's Department. Any determination to pursue prosecution is determined by the local District Attorney's office.

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

115.371 (k) The Stoddard County Regional Detention Center does not conduct sexual abuse investigations, therefore has no control on the progress or outcome. As confirmed in a Stoddard County Sheriff's representative interview, the Sheriff's Office does not terminate an investigation based on the departure of an alleged abuser or victim from the employment at the facility.

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

115.371. (m) Administrative staff interviewed, and facility policy confirmed the Stoddard County Regional Detention Center staff would cooperate with outside sexual abuse investigators and endeavor to remain informed about the progress of the investigation as appropriate. 13 of 13 total staff interviewed confirmed they would participate in the investigation as requested by an outside investigative authority. The Superintendent and Supervisors all explained that they would fully cooperate with outside agencies investigating sexual abuse and sexual harassment and they would remain involved until the investigation was complete.

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

Corrective Action Required: None

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

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.

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

Documents reviewed included -

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Stoddard County Sheriff's Department MOU
3. www.semonasv.org

Interviews included:

1. Superintendent
2. Detention Juvenile Officers
3. Stoddard County Sheriff Department MOU
4. SEMO-NASV Representative

Site Review / Observations:

1. N/A

Provisions:

115.372 (a) The SCRDC does not conduct criminal investigations into allegations of sexual abuse or sexual harassment. All investigations are conducted by outside agencies. Once an investigative agency substantiates an allegation of abuse the Stoddard County Regional Juvenile Detention Center may take disciplinary action against the staff involved. In accordance with investigative standards the Stoddard County Sheriff's Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. The facility PREA Policy (page 23) supports this standard. The SEMO-NASV representative explained her staff's role is to

gather evidence so that the investigators can make a determination regarding allegations of sexual assault.

Because there were no reported allegations or investigations during the past 12 months, a review of facility policy, and interviews with outside agency representatives, the Auditor determined the facility meets the requirements of standard 115.372 (a)

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Staff Files

Interviews included:

1. Superintendent
2. Random Residents

Site Review / Observations:

1. N/A

Provisions:

115.373 (a) Page 23 of the PREA Policy Book (Reporting to Residents) references this 115.373. The SCRDC Superintendent explained that following an investigation into a resident's allegation of sexual abuse the Superintendent shall inform the resident of the outcome and whether the allegation was determined substantiated, unsubstantiated or unfounded. Any resident who makes an allegation should be provided the investigation outcome in writing.

115.373 (b) Stoddard County Regional Detention Center does not conduct investigations. In accordance with this PREA Standard, the facility representative (Superintendent / PREA Coordinator) shall request the information from the investigating agency in order to inform the resident. Because there were no investigations reported during the past 12 months, therefore there were no outcomes and notifications to verify for this PREA Audit.

115.373 (c) Stoddard County Regional Detention Center PREA Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is indicted, convicted, or transferred from the resident's living unit or separated from employment at the Juvenile Detention Center.

The PREA auditor could not review any examples of documented proof of resident notification (in accordance with 115.373 (c)) because there were no reported allegations. The Auditor was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months at the facility. 7 of 7 residents interviewed answered "no" to the following when asked if they had, or if they were aware of any other resident that had reported sexual abuse or harassment at Stoddard County Regional Juvenile Detention Center.

115.373 (d) The Stoddard County Regional Juvenile Detention Center adheres to the standard that 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 relevant 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 administration could not provide any examples of documented proof of resident notification (in accordance with 115.373 (d)) because there were no reported allegations in the past 12 months. The Auditor was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months and 8 of the 8 existing residents said they were not aware of any allegations of sexual abuse or harassment before or during their time at the facility.

115.373 (e) The facility administration did not have any examples of documented proof of resident notifications (in accordance with 115.373 (e)) because there were no reported allegations during the past 12 months. The facility Superintendent did demonstrate a filing system that included historical documentation, therefore the auditor determined if there were notifications made SCRDC would have the appropriate documentation on record.

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

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. PAQ
2. Stoddard County Regional Detention Center PREA Policy Book

Interviews included:

1. Superintendent
2. Random Staff

Site Review / Observations: N/A

Provisions:

115.376 (a) SCRDC staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. See page 24 of the PREA Policy Book. Superintendent Causey confirmed this practice is in place.

115.376 (b & c) Disciplinary sanctions against staff for violations of the agency's policies relative to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories." The Superintendent explained termination was the presumed sanction for a staff person found in violation of policies prohibiting sexual abuse and such conduct will be reported to law enforcement and licensing agencies.

115.376 (d) Superintendent and facility staff interviews and Stoddard County PREA Policy Book Policy showed the administrators and policy are consistent in their approach to employee discipline for violations of the PREA policies. Regardless of staff resignations, staff who would have been terminated would still be reported to law enforcement. The Superintendent explained the Stoddard County Sheriff's Department was near and worked very closely with SCRDC on everything from searches to reporting alleged criminal activity in the facility.

During the on-site phase of the audit, The PREA Auditor reviewed staff files, including disciplinary actions. Documents reviewed showed zero disciplinary actions for violating the agency's PREA related policies in the past 12 months.

The Superintendent, who has Human Resources responsibilities also, reported zero terminations in the past 12 months for violations of the agency's Zero Tolerance Policy.

Based on a review of the documentation available and the information learned in staff interviews the facility was determined to be in compliance with Standard 115.376 (a-d)

Corrective Action Required: None

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*)

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Staff Files

Interviews included:

1. Superintendent

Site Review / Observations:

1. N/A Provisions:

115.377 (a) Included in Stoddard County Regional Juvenile Detention Center PREA Policies (page 24 paragraph 2) is language that, "any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from having further contact with residents and shall subsequently be reported to law enforcement and applicable licensing bodies."

During staff interviews with the Supervisors staff, the auditor asked the staff members to explain what they would do if they received an allegation of sexual abuse or sexual harassment by a contractor or

volunteer. All of the staff interviewed said they would call the Hotline and report the information to the Superintendent.

There were no reports of sexual abuse or sexual harassment by staff, resident, volunteer, or contractor in the past 12 months.

115.377 (b) Stoddard County Regional Detention Center conducts annual background checks on all employees, volunteers, and contractors before they are permitted to work with residents. If anytime later the same employees, volunteers, and contractors are found to have violated agency sexual abuse and sexual harassment policies they will be prohibited from having further contact with residents.

Volunteers and contractors have been very limited during the past three years. There have been no allegations of sexual abuse or sexual harassment in the past 12 months.

The facility meets the requirements of standard 115.377 (a-b)

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Resident Files

Interviews included:

1. Superintendent
2. DJO's
3. Intake Staff
4. Random Residents

Site Review / Observations: N/A

Provisions:

115.378 (a) SCRDC policy states that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The Superintendent confirmed this policy in her interview.

115.378 (b) According to the Superintendent and Detention Center staff interviewed, the facility does not practice isolation as a form of punishment, however a resident may need to be moved or transferred from one living unit to another during an investigation. SCRDC resident disciplinary sanctions are commensurate with the nature of the circumstances. Regardless of their living unit, residents are provided the same rights as other residents including large muscle exercise on a daily basis, educational and special education programming, mental and medical care, and vocational opportunities when appropriate. As a result of there being, in the last 12 months, no allegations of sexual abuse or sexual harassment, there were no reports or case files to review to determine non-compliance with the standard of prohibiting isolation as a sanction for resident-on-resident sexual abuse.

115.378 (c) During this audit, the Stoddard County Regional Detention Superintendent was intricately involved in the audit process. During interactions and interviews with the PREA Auditor, the Superintendent explained how the disciplinary process considers a resident's psychological disabilities

and mental diagnosis. The Superintendent also discussed how sanctions and disciplinary actions should be appropriate to the individual assessed needs of the resident.

115.378 (d) Intake Staff explained the facility does not offer therapy or offer youth abusers counseling and other interventions designed to address and correct underlying reasons or motivations for residents to participate in sexual abuse or harassment. The facility could require participation in such counseling (provided by SEMO-NASV) and interventions as a condition of access to behavior-based incentives, but not as a condition to access general programming, education services, medical care, or exercise.

115.378 (e) Supervisory staff confirmed that the facility may discipline a resident for sexual contact with a staff only upon a finding that the staff member did not consent to such contact. There were no incidents of this type reported in the past 12 months.

115.378 (f) Stoddard County Regional Detention Center Sexual Abuse and Assault Brochure states residents cannot get in trouble for filing a grievance. Furthermore, page 20 of the PREA Packet states a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) The PREA Policy Book for the Stoddard County Regional Juvenile Detention Center prohibits sexual contact between residents. All sexual contact is subject to disciplinary action. In Random Staff interviews, 11 of 11 staff confirmed sexual contact between residents was prohibited at the facility. They also confirmed they would report all allegations of sexual contact, sexual harassment, and sexual abuse. The outside investigative agencies would determine if sexual conduct was coerced, and a crime was committed.

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

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Resident Files
3. Screening Tool (SAVAC)
4. Medical Consent Forms
5. MAYSI-2
6. Staff Files

Interviews included:

1. Superintendent
2. Supervisor (DJO)
3. Intake Staff - Staff Responsible for Screening
4. Random Staff
5. Random Residents

Site Review / Observations:

1. N/A

Provisions:

115.381 (a) When the residents are admitted to the facility, they are screened pursuant to § 115.341. According to the intake staff and the Superintendent, if the intake screen indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. SCRDC PREA policy supports this procedure on page 26 of the Handbook.

During her interview, SEMO-NASV Representative Kendra Eads reported the only SCRDC related allegations she was aware of were related to youth reporting prior (to SCRDC admission) victimization. She also reported there were none “in the past few years.”

Through staff interviews, resident interviews, file audits The Auditor was able to determine that the facility was in compliance with 115.381 (a) and there was not an allegation of sexual victimization made in the past 12 months.

115.381 (b) During their staff interviews both the Intake Staff and Superintendent explained that if the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This is supported on page 26 of the PREA Booklet.

There were no allegations of sexual abuse or harassment during the past 12 months. The Auditor reviewed resident files, including intake screening and mental health documents, and found no evidence of non-compliance with this standard.

115.381 (c) The Stoddard County Regional Detention Center manages information sharing. The information learned during intake screening remains confidential and only shared with staff involved in security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Information about prior victimization or if a resident has previously perpetrated sexual abuse, in or out of an institutional setting would be shared on a need-to-know basis.

While completing the on-site facility tour and the structured on-site interviews, The Auditor was able to ask staff what information was shared with whom. SCRDC Policy states, "Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to necessary medical/mental health personnel and/or staff. No violations of standard 115.381 (c) were observed or discovered during the on-site interviews, file audits, or tour.

115.381 (d) In accordance with this standard medical and mental health staff are required to obtain informed consent from residents before reporting information about sexual victimization that did not occur in an institutional setting, unless the resident was under the age of 18. SCRDC does not have medical or mental health staff therefore the facility is in not out of compliance. Because the facility is a Juvenile Detention Center, The Auditor confirmed the staff understood they were mandated child abuse reporters. All staff interviewed acknowledged they were mandated child abuse reporters.

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

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Staff Files
3. Medical Screening Tool / Health Questionnaire
4. SAVAC (Sexual Assault Victim Assailant Checklist)
5. Mileage Logs

Interviews included:

1. Superintendent
2. SEMO-NASV representative
3. Hotline Representative
4. Intake Staff
5. Random Staff

Site Review / Observations:

1. N/A

Provisions:

115.382 (a) According to Stoddard County Regional Detention PREA Policy, Alleged victims of sexual offense shall immediately be separated from the alleged abuser, advised to not destroy evidence, and referred to medical services for medical assessment and/or treatment. SCRDC staff explained alleged victims of prior sexual abuse would receive unimpeded access to emergency medical treatment and crisis intervention services by referral the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If a resident were to make an allegation of victimization, they would be transported to SEMO-NASV medical facilities where forensic emergency services are available.

115.382 (b) Stoddard County Regional Juvenile Detention Center does not have qualified medical (nursing) staff on duty. If there is a report, staff first responders take preliminary steps to protect the victim pursuant to § 115.362. This was confirmed in the staff interviews. 11 of 11 First Responder staff interviewed could explain the initial steps to protect the victim of sexual abuse. 11 of 11 staff also stated they would, upon learning of an allegation or incident, immediately notify their supervisor who would then notify the appropriate medical and mental health practitioners. 3 of 3 supervisors explained they would secure potential evidence and arrange transportation to qualified medical and mental health practitioners immediately upon receiving a report from a subordinate.

115.382 (c) Stoddard County Reginal Detention Center PREA Policy Book policy states that resident victims of sexual abuse have unimpeded access to medical and mental health practitioners who can provide medical and mental health assistance including emergency medical treatment and crisis intervention services.

In staff interviews the facility staff could explain in the event of an incident that was sexual in nature, residents would be immediately transported to the hospital for medical services and offered appropriate and timely information and services. During her interview the SEMO-NASV representative confirmed the services would include information on contraception and sexually transmitted infection prophylaxis. Both the SEMO-NASV representative and the Superintendent reported that there were zero allegations of sexual abuse and zero allegations of sexual harassment in the past 12 months.

There were no residents who reported abuse, therefore the Auditor could not ask residents who had reported abuse what information they received or what treatment they were offered after what happened to them.

115.382 (d) During interviews the Superintendent, SEMO-NASV representative, and Hotline advocacy representative reported that treatment services for victims of sexual abuse were provided without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. According to Stoddard County policy, “Victims of sexual abuse shall be provided treatment services... at no financial cost to them.” All support and medical agencies also replied that services were free of charge to residents involved in alleged sexual abuse incidents regardless of whether the victim names the abuser or cooperate with any investigation.

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

Corrective Action Required: None

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

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. PAQ
3. Resident records
4. SAVAC

Interviews included:

1. Superintendent
2. Intake Staff
3. Medical and Mental Health Staff

Site Review / Observations:

1. Observation of facility wall postings and brochures

Provisions:

115.383(a) The Stoddard County Regional Detention Center PREA Policy Book, page 26 lists the procedure for screening for risk of sexual victimization and abusiveness and/or offers a medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Admissions Packet includes screening and evaluation tools for both mental and medical health.

115.383(b) The evaluation and treatment of sexual abuse victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Resources for residents of Stoddard County Regional Detention Center include SMO-NASV and Southeast Health Clinic for medical services and Children's Advocacy Hotline Services. Because there were no reports of sexual abuse or sexual harassment, the auditor was unable to interview any residents that had made a report and may have needed follow up services.

115.383 (c) The facility administrators confirmed that the facility provides sexual assault and harassment victims with medical and mental health services consistent with the community level of care. During interviews with outside agency support staff, a community approach was clear. The approach was to find the best level of care for any situation that may arise for youth admitted to SCRDC.

115.383 (d, e, f) Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests at SEMO-NASV as part of the Forensic Exam process. The Representative of SEMO-NASV confirmed that they offer pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections was part of the protocol used.

115.383(g) According to the facility policy and confirmed during interviews of the Superintendent, and the SEMO-NASV representative the residents at Stoddard County Detention Center are able to receive treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were zero reported incidents of sexual abuse, therefore there were no residents to ask or records to review to determine non-compliance with this standard.

115.383 (h) Stoddard County Regional Detention Center policy (page 26-27) states the facility does 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. Staff reported they would again address the issue upon SAVAC re-evaluation if the resident stayed long enough to require a twice a year evaluation.

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

Corrective Action Required: None

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

115.386 (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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book

2. Resident Files
3. Critical Incident Report Form

Interviews included:

1. Superintendent
2. Stoddard County Sheriff's Department
3. Incident Review Team Members

Observations included:

1. None

Provisions:

115.386 (a & b) In accordance with Stoddard County Regional Detention Center PREA Policy Book, page 28, the PREA Coordinator conducts an incident review within 30 days of the conclusion of every sexual abuse investigation (unless determined unfounded).

115.386 (c) The incident review team includes members of upper management who get input from everyone involved including but not limited to: supervisors, investigators, and medical and mental health practitioners. At the Stoddard County Regional Detention Center upper management positions involved and on the review team are:

- Superintendent
- Detention Juvenile Officers
- With input from everyone present when the incident occurred and involved in the investigation. Input is received from supervisors, investigators, medical and mental health practitioners.

Interviews of the Stoddard County Sheriff's Department and a SEMO-NASV representative confirmed they would participate in any post investigation review. There were zero allegations and investigations of sexual abuse in the past 12 months, therefore there were no incident reviews to evaluate.

115.386 (d) Interviews of incident review team members indicated that they would:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex Identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the Superintendent

There were no investigations during the past 12 months, therefore there were no incident review reports to evaluate.

115.386 (e) Stoddard County Regional Detention Center PREA Policy Book page 28, states the facility shall prepare a report of findings and recommendations for improvement. Detention Administration shall implement the recommendations or document the reasons for not doing so.

There were no investigations or reported incidents in the past 12 months, therefore there were no recommendations for improvement to audit.

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

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Survey of Sexual Victimization

Interviews included:

1. Superintendent
2. Chief Juvenile Officer

Observations included:

1. N/A

Provisions:

115.387 (a) The Stoddard County Detention Center PREA Policy Book addresses Data Collection and Storage on page 28. The SCRDC Superintendent is responsible for collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standard instrument used is the Department of Justice Survey of Sexual Victimization. The agency Missouri Division of Youth Services collects data for all DYS facilities. The DYS PREA Data format is named the OSCA Data Report.

115.387 (b) The Stoddard County Regional Juvenile Detention Center Superintendent reported that she would review, collect, aggregate and report all data if the facility had any allegations of sexual abuse or sexual harassment. She acknowledged a review and report is done at least annually. The facility does maintain records and collect data as needed from all incident-based documents related to all incidents. There were no allegations or incidents related to sexual abuse or harassment in the past 12 months.

115.387 (c) All Missouri Division of Youth Services facilities participated in the most recent version of the Survey of Sexual Violence conducted by the DOJ. Each Superintendent is required to report the minimum data necessary to participate in the survey as necessary.

115.387 (d) The Auditor was able to find and review incident-related documents, but there were none that included investigations and sexual abuse incident reviews. The facility is prepared to collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387 (e) Stoddard County Regional Detention Center is a regional detention center for the Missouri Division of Youth Services. There is no need to obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents because they do not contract with any facility for the confinement of its residents.

115.387 (f) Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Based on the information received through staff interviews, facility tours, and document reviews the facility was in compliance with standard 115.387 (a-f).

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. 2024 DYS Annual Report

3. 2024 PREA Findings and Corrective Actions Report
4. PAQ

Interviews included:

1. Superintendent
2. Judge

Site Review / Observations:

1. Agency web page: <http://www.dss.mo.gov/reports/prison-rape-elimination-act-reports.htm>

Provisions:

115.388 (a) The facility Superintendent, when interviewed, explained that she is prepared 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. Fortunately, there have been no allegations of sexual abuse or harassment in the past 12+ months. In other words, there is no data to aggregate and compare. Stoddard County Regional Juvenile Detention Center information is included in the overall agency PREA reports completed by DYS. The auditor reviewed the 2024 state agency Annual PREA Report of all of the facilities under its direct control.

115.388 (b) The Stoddard County Regional Juvenile Detention Center did complete an annual data report (to be included in the DYS Annual Report) there were no allegations of sexual abuse or harassment. If there was data (other than zeros), the Superintendent stated the facility would have an annual report that included 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.

115.388 (c) The Stoddard County Regional Juvenile Detention Center did complete an annual report but there were no allegations of sexual abuse or harassment. The Superintendent stated she would have an annual report approved by the agency head and made readily available to the public through the agency website. Currently of the facility sexual assault and sexual harassment data is submitted to the agency and aggregated with all DYS youth facilities. The auditor reviewed the 2024 state agency Annual PREA Report of all of the facilities under its direct control.

115.388 (d) The Stoddard County Regional Juvenile Detention Center did complete an annual report with data to be incorporated into the DYS Annual Report, but there were no allegations of sexual abuse or harassment. If there was data, the Superintendent acknowledged they would have an annual report that would 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. The

auditor reviewed the 2024 state agency Annual PREA Report of all of the facilities under its direct control.

During an interview of the Judge responsible for the supervision of the Superintendent and the juvenile detention center, he explained he is continually in contact with the Superintendent and occasionally visits the facility. In addition, he reviews all serious incident reports. He reported that he had not been made aware of any PREA related allegations of abuse or harassment at the facility.

Based on a review of the agency web site, a review of the PREA Policy Book, and interviews of the Superintendent, and the fact the information is included in the DYS Agency Annual Report, the facility was determined to be in compliance with 115.388.

Corrective Action Required: None

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.

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

Documents reviewed included:

1. Stoddard County Regional Juvenile Detention Center PREA Policy Book
2. Annual DYS Report Data

Interviews included:

1. Superintendent

Site Review / Observations:

1. Agency web page: <http://www.dss.mo.gov/reports/prison-rape-elimination-act-reports.htm>

Provisions:

115.389 (a) Stoddard County Regional Detention Center PREA Policy Book page 29 addresses record keeping and storage. The facility collects and retains sexual abuse and sexual harassment data pursuant to § 115.387. While on tour the Auditor confirmed all records that should be stored in a confidential manner are stored in a secure and confidential manner.

115.389 (b) The facility, through the DYS agency web site, makes 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 the agency website. Upon a review of on-site records, the agency web site, and through interviews the Auditor could not find evidence of any allegations of sexual Abuse or harassment during the past 12 months.

115.389 (c) Due to there not being any data to aggregate, the issue of completing an annual aggregated sexual abuse report was discussed with the Superintendent / PREA Coordinator. She stated she understood that future reports of sexual abuse and harassment would have all personal identifiers removed before making aggregated sexual abuse data publicly available. A review of the DYS on-line annual report showed the agency meets this standard.

115.389 (d) The Stoddard County Regional Detention Center policy directs sexual abuse documents and data collected pursuant to § 115.387 and securely stored as an electronic record located on the Missouri Courts of Administrators Secure Server for at least 10 years after the date of the initial collection.

Following key staff interviews, annual report reviews, and a review of the agency web site the facility was determined in compliance with 115.389 (a-d).

Corrective Action Required: None

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.

The facility was in compliance with standard 115.401 as a result of the following:

115.401 (a & b) The facility was previously audited in accordance with PREA standards. This audit was three years from the last PREA Audit (Final Report June 18, 2022).

115.401 (h) The PREA Auditor had complete access to and ability to observe every area of the facility. The tour included access to all locked doors including living areas, storage areas, kitchen, and activity spaces. Throughout the on-site portion of the entire facility was accessible as requested.

115.401 (i) The PREA Auditor was permitted to request and did receive copies of any relevant documents.

115.401 (m) The PREA Auditor was permitted to conduct private interviews of residents and staff.

115.401 (n) A copy of the upcoming audit, with the auditor's contact information was posted 6 weeks in advance of the audit allowing residents to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. No correspondence was received.

The Stoddard County Regional Detention Center is in compliance with Standard 115.401 (a,b, h, i, m, n)

Corrective Action Required: None

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.

The following evidence was analyzed in making the compliance decision:

115.403 (f) Stoddard County Regional Juvenile Detention Center was audited in 2022. The date of the facility visit was May 4, 2022. A Final PREA Audit Report was issued on June 18, 2022.

The 2022 report is posted on the State of Missouri Department of Social Services website. Agency web page: <http://www.dss.mo.gov/reports/prison-rape-elimination-act-reports.htm>

The facility meets the requirements of standard 115.403 (f).

Corrective Action Required: None

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.

Lawrence W. Howell

May 10, 2025

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.