

PREA Facility Audit Report: Final

Name of Facility: St. Louis City Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/03/2025

Auditor Certification

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



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



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



Auditor Full Name as Signed: Lawrence Howell

Date of Signature: 07/03/2025

AUDITOR INFORMATION

Auditor name: Howell, Lawrence

Email: Lawrence.howell@rop.com

Start Date of On-Site Audit: 04/15/2025

End Date of On-Site Audit: 04/16/2025

FACILITY INFORMATION

Facility name: St. Louis City Juvenile Detention Center

Facility physical address: 3847 Enright Avenue, St. Louis, Missouri - 63108

Facility mailing address: 3837 Enright Ave, 920 North Vandeventer, St. Louis City Juvenile Detention Center, Juvenile Division, Missouri - 63108

Primary Contact

Name:	Ralpjh Jones
Email Address:	ralph.jones@courts.mo.gov
Telephone Number:	3145522191

Superintendent/Director/Administrator	
Name:	Amanda Williams
Email Address:	amanda.williams@courts.mo.gov
Telephone Number:	314-552-2189

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

Facility Characteristics	
Designed facility capacity:	109
Current population of facility:	38
Average daily population for the past 12 months:	43
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	11-17
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	117
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	30

AGENCY INFORMATION	
Name of agency:	22nd Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	10 North Tucker Boulevard, St. Louis, Missouri - 63101
Mailing Address:	3837 Enright Ave, 920 North Vandeventer, St. Louis City Juvenile Detention Center, Juvenile Division, Missouri - 63108
Telephone number:	314-552-2195

Agency Chief Executive Officer Information:	
Name:	Amanda Sodomka
Email Address:	amanda.Sodomka@courts.mo.gov
Telephone Number:	314- 622-4426

Agency-Wide PREA Coordinator Information

Name:	Ralph Jones	Email Address:	Ralph.Jones@courts.mo.gov
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Facility AUDIT FINDINGS**Summary of Audit Findings**

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

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

Number of standards exceeded:

1

- 115.331 - Employee training

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-15
2. End date of the onsite portion of the audit:	2025-04-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Childrens Advocacy Services of Greater St. Louis St. Louis Metro Police Department Out of Home Investigations (OHI) Missouri Child Abuse and Neglect Hotline

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	109
15. Average daily population for the past 12 months:	43
16. Number of inmate/resident/detainee housing units:	0
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No residents were identified by the facility as having a disability. The PREA auditor talked with the education staff in charge of special education and found no residents have an IEP for a cognitive disability.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	117
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were no barriers experienced in interacting with, sampling, and interviewing staff, volunteers, and contractors.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input checked="" type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
If "Other," describe:	The PREA Auditor selected youth from every living unit to be interviewed.
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure the residents interviewed were an accurate representation of the population and was geographically diverse the PREA Auditor selected residents from each living unit.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing resident interviews in accordance with the PREA Standards. An appropriate number of interviews were completed and all youth consented to participating.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as having a physical disability.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as having a cognitive disability.</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as having a physical disability.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as having a hearing disability (deaf or hard-of-hearing).
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as being limited English proficient (LEP). All residents interviewed effectively communicated with the PREA Auditor and demonstrated an ability to read English.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as identifying as transgender or intersex.</p>
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	<p>0</p>
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>There were no residents identified by the facility staff, identified in facility documentation, were observed by the auditor, or that self identified as having reported sexual abuse in the facility. No facility staff or outside agency representatives reported incidents of sexual abuse in the facility.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	<p>0</p>
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>During interviews some residents disclosed some form of previous to placement sexual victimization in their childhood that they did not disclose during the intake assessment. The PREA Auditor asked questions about specifics (date, names, etc..). No specifics were given that would allow follow up.</p>
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	<p>0</p>
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Segregation is not used at St. Louis City Juvenile Detention Center. The PREA Auditor found no evidence of this practice being utilized at St. Louis City Juvenile Detention Center.</p>
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>The PREA Auditor was able to interview, observe, and casually interact with both staff and residents as requested. No barriers were experienced.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	<p>10</p>

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "None," explain:	Staff from every shift were selected and interviewed in accordance with PREA Standards.
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No barriers were experienced in ensuring representation in the interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no issues experienced in auditing compliance related to specialized staff interactions in the facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The site review was conducted in accordance with PREA Standards. All facility areas were open to Auditor observation, critical functions were tested, and informal conversations (with staff and residents) were conducted throughout the on-site portion of the audit.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The PREA Auditor sampled documents and received copies of facility documents as requested. There were no barriers experienced related to documentation review and sampling.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There were no sexual abuse investigations, therefore there were no sexual abuse investigations files to review.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The one case file that involved staff-on-resident sexual harassment involved boundaries, language, and cell phone use. The case file was reviewed and found to be in compliance with PREA Standards.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

CMCG

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> PAQ St. Louis City Juvenile Detention Center Policy #12. Sexual Abuse and Assault/Prison Rape Elimination Act. Staff acknowledgement of receipt and understanding of PREA Standards signed by staff Zero Tolerance posters including phone numbers and addresses to report allegations. St. Louis City JDC PREA Flow Chart <p>Interviews included:</p>

- Random residents
- Random staff
- Supervisory staff
- Superintendent
- Assistant Superintendent / PREA Coordinator

Site Review / Observations included:

- PREA / Sexual Abuse Postings
- Web page <http://dss.mo.gov/dys/>

Provisions:

115.311 (a)-1,2,3,4,5 The St. Louis City Juvenile Detention Center (SCJDC) has a zero-tolerance policy towards any form of sexual abuse or sexual harassment. The policy states: "The Detention Center maintains a zero tolerance for juvenile-on-juvenile sexual offenses, staff sexual misconduct and sexual harassment towards juveniles. Every allegation of sexual offense, misconduct, and/or harassment shall be thoroughly investigated."

The St. Louis City Juvenile Detention Center Policy is available to staff, residents, and members of the public as is posted on the agency web page.

The SCJDC Policy #12 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.

The SCJDC Policy #12 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 who also serves as the STLCJDC Assistant Director. He also holds an upper-level position in the agency with the title of Assistant Superintendent. His position is an upper-level position and when interviewed he reported having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facility. The St. Louis City JDC PREA Flow Chart shows the PREA Coordinator's authority and position in the facility management team structure.

115.311 (c)-1,2,3,4 The St. Louis City Juvenile Detention Center meets the standard of having a designated PREA Compliance Manager in the organizational structure, who has sufficient time to coordinate the facility efforts to comply with PREA standards that reports to the facility Superintendent. Section 115.311 (c) was rated as N/A because SCJDC only operates one juvenile facility. Through direct observation during the on-site audit, interviews of both residents and

	<p>staff, and reviewing resident and staff files it is evident St. Louis City Juvenile Detention Center includes 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 SCJDC.</p> <p>Based on a review of the facility PREA Policies, information received in resident and staff interviews, and a tour of the facility, the auditor determined the facility meets the requirements of standard 115.311.</p> <p>Corrective Action Findings: None</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center Policy #12 • Resident files <p>Interviews included</p> <ul style="list-style-type: none"> • Superintendent • Assistant Superintendent / PREA Coordinator <p>Site Review / Observation: N/A</p> <p>Provisions:</p> <p>115.312 (a) St. Louis City Juvenile Detention Center is a secure, residential juvenile detention center operated by the 22nd Judicial Circuit. The 22nd Judicial Circuit does not contract with other entities for the confinement of youth.</p> <p>115.312 (b) This section is rated N/A because according to the Superintendent and Assistant Superintendent, SCJDC in the 22nd Judicial Circuit does not contract with other entities for the confinement of youth.</p> <p>As a result of the above information reviewed, on site observation, and information learned in key staff interviews the facility meets this standard.</p>

	Corrective Action Findings: None
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center Policy #12 (PREA) • St. Louis City Juvenile Detention Center Staffing Plan • Unannounced Rounds Logs • Facility Schematics • Staff Roster & Schedule Samples • Resident Roster <p>Interviews included:</p> <ul style="list-style-type: none"> • Random residents • Random staff • PREA Compliance Manager / Assistant Superintendent • Chief Juvenile Officer • Human Resources / Business Manager • Random Staff <p>Site Review / Observation:</p> <ul style="list-style-type: none"> • Staff to student ratio observations at multiple times throughout the day (all shifts) • Staff interactions with residents including line of sight, frequency of room checks, and overall communication. • Staff positioning in multi-use spaces such as dining area, education classrooms, and hallways. <p>Provisions:</p> <p>115.313 (a) The Assistant Superintendent confirmed, and the St. Louis City Juvenile Detention Center policy mandates a minimum of one staff for each eight youth with one staff being female. The PAQ showed no instances of deviation from the planned staff to student ratio. Through the staff interviews, The PREA Auditor found no</p>

written shift reports showing short staffing or ratio issues in the daily operations. 12 of 12 residents reported feeling safe at St. Louis City Juvenile Detention Center (SLCJDC) and that staff provide adequate supervision of the residents. The agency staffing plan was reviewed by the PREA Auditor. When reviewing the staff rosters and comparing them to the average student population by month for the past 12 months and taking into consideration are reported low staff turnover rate, The PREA Auditor found no obvious reason to believe there had been a deviation from the facility staffing plan. SLCJDC does use surveillance cameras but does not use cameras as part of the supervision of residents and staffing plan. Evidence of compliance with this standard was gathered in interviews of the Superintendent, Assistant Superintendent, and 1st Shift Supervisor. All three individuals confirmed the staffing plan is developed to maintain safe staff to resident ratios and be able to safely operate the facility. Video monitoring is not part of the staffing supervision plan, and it is reviewed weekly by the management team of the Assistant Superintendent, and Superintendent.

When a scheduled staff is absent, and the staff to resident ratio may be at risk, the Supervisor on duty uses a part-time on-call list to fill temporary vacancies.

115.313 (b) St. Louis City Juvenile 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 minimum staff to resident ratios are 1:8 during waking hours and 1:16 during sleeping hours. On-site ratios observed by the PREA Auditor exceeded the established minimum ratios. Observed ratios were 1:1, 1:6, 1:8, and 2:1.

115.313 (c) The facility roster showed 117 full time staff employed for a current resident population of 34 (31 males & 3 female) residents. Observed staff to student ratios were 1:1, 1:6, 1:8 and 2:1. 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 night time ratio. During the facility tour/review, when asked, "How often do you see staff?" 12 of 12 residents replied that direct care staff were present at all times throughout the day and night.

115.313 (d) When interviewed, the Superintendent, HR/Business Manager, and Assistant Superintendent each replied to the staffing plan is reviewed and revised at least annually and when necessary. The Superintendent and Assistant Superintendent / PREA Coordinator described meeting daily to make sure staff to resident ratios are appropriate for the population present at the facility. 115

115.313 (e) The PREA Auditor did find evidence to support the PAQ that stated higher level supervisors conducted unannounced rounds on all shifts. Facility policy prohibits staff from alerting the staff members that the supervisory unannounced rounds are occurring. During random staff interviews, the staff explained the unannounced rounds do occur. Frequency was reported as once per shift. Facility management provided unannounced rounds logs to demonstrate compliance. The PREA Auditor reviewed completed "Superintendents Office Unannounced Unit Visit"

	<p>forms. The forms include observations of youth routines, group locations, interactions, staffing requirements, staff positioning, facility cleanliness, and staff/resident boundaries.</p> <p>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 meets the requirements of standard 115.313</p> <p>Corrective Action Findings: None</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center PREA Policy #12 • St. Louis City Juvenile Detention Center Policy #2 Search and Contraband • St. Louis City Juvenile Detention Center Policy #17 LGBTQI Youth • Staff training files • Search Documentation <p>Interviews included:</p> <ul style="list-style-type: none"> • Random residents • Random staff • Supervisor staff • Security staff <p>Site Review / Observation:</p> <ul style="list-style-type: none"> • Intake Area • Living Units • Common activity spaces (gym, classrooms, hallways) <p>Provisions:</p> <p>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</p>

accordance with 115.315 (a, b, and c) Limits to cross-gender viewing and searches. 10 of 10 random staff explained and demonstrated the search procedures of St. Louis City 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. In exigent circumstances the opposite gender staff would conduct an on the outside of the residents clothing only after receiving approval from the Assistant Superintendent or Superintendent. The St. Louis City Juvenile Detention Center PAQ states the facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. Staff responsible for searches, including the intake officer, were consistent in responding that the St. Louis Juvenile Detention Center is in compliance with this provision.

115.315 (d): St. Louis City 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 bathrooms and showering areas were observed during the facility tour. The facility is not designed to prohibit cross gender viewing of youth performing such personal actions, however the facility practice demonstrated shows compliance:

- Opposite gender staff announce their presence before entering living units.
- Youth are provided privacy when changing clothes, performing bodily functions, and showering.
- Opposite gender staff do not provide direct supervision when youth change clothes, perform bodily functions, and shower.

12 of 12 residents and 10 of 10 random staff confirmed the residents are permitted to change clothes, perform bodily functions, and shower in privacy. In their interviews the Superintendent and Assistant Superintendent also confirmed the privacy protocols in accordance with PREA Standards.

115.315 (e) Per the St. Louis City Juvenile Detention Center Policy and confirmed by the PREA 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 residents 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) St. Louis City juvenile Detention Center 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. During interviews staff and residents consistently responded that Juvenile Detention Center staff do not do pat down searches and the process of having residents empty their pockets and clear their wrist and waist bands was the search practice used.

As a result of auditor observations of the facility design, a review of St.

	<p>Louis City Detention Center policy, responses by staff and residents in interviews, and a review of the resident files, St. Louis City Juvenile Detention Center was determined to be in compliance with standard 115.315 (a-f)</p> <p>Corrective Action: None</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center PREA Policy #12 • St. Louis City Juvenile Detention Center LGBTQI Policy #17 • Accommodations For Clients with a Disability Policy • Intake and Orientation Documentation • Resident Handbook (English and Spanish) • PREA Posters and Pamphlets <p>Interviews included:</p> <ul style="list-style-type: none"> • Random residents • Random staff • Supervisory staff • Clinical Director • Agency Head <p>Site Review / Observation:</p> <ul style="list-style-type: none"> • Living Unit postings • Administrative Building postings • Classroom postings <p>Provisions:</p> <p>115.316 (a) The St. Louis City Juvenile Detention Center Policy states that the Juvenile Detention Center staff takes appropriate steps to ensure that youth with</p>

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 10 of 10 (100%) youth interviewed claimed English as their primary language. During staff interviews none of the staff reported the facility admitting, in the last 12 months, any residents that claimed another language (other than English) as their primary language.

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 Assistant Superintendent interviews confirmed knowledge of the policy and process.

115.316. (b) During interviews of the clinical intake staff she explained they do whatever is necessary to ensure the residents understand the PREA standards and their rights. She made it clear 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 Metro Project (language interpreter services) is available and can be accessed by staff 24 Hour per day 7 days per week. Furthermore, the PREA Audit notice and Resident Handbook are printed in English and Spanish. The facility is prepared to ensure equal access to limited English proficient or disabled. This determination was made based on interviews of staff, administrators, facility observations, and a review of the residents' case files.

115.316 (c) The Assistant Director, Clinical Director and intake staff explained St. Louis City Juvenile 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 did have written PREA related information to provide 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 St. Louis City Juvenile 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.

Based on the information learned during the facility tour, during staff interviews, during resident interviews, and a thorough review of related documentation the auditor determined the facility meets the requirements of standard 115.316.

	Corrective Action: None
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center Policy, 3.02 Employment – Background Checks • St. Louis City Juvenile Detention Center Policy, 3.02 Employment – Application • St. Louis City Juvenile Detention Center Policy, 3.11 Dismissal – Regular Employees • Personnel Files • Criminal Records and Child Abuse Registry Check Documentation • Employment Application • Self-Disclosure Affidavit • Training Records <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Human Resources / Business Manager • Superintendent • Random Staff <p>Site Review / Observation:</p> <ul style="list-style-type: none"> • None to observe. <p>Provisions:</p> <p>115.317 (a) In their audit interviews the Superintendent and Assistant Superintendent explained the St. Louis City Juvenile Detention Center 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</p>

administratively adjudicated or 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.

The Superintendent and Human Resources / Business Manager confirmed during interviews that the St. Louis Juvenile 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) St. Louis City Juvenile Detention Center Policy considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. When interviewed by The PREA Auditor, the Human Resource / Business Manager Director explained that St. Louis Juvenile 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 personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (c) Before hiring new employees, volunteer, or contractors who may have contact with youth, the St. Louis City Juvenile Center Policy 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. St. Louis Juvenile Detention Center does background checks, child abuse registry checks, completing reference checks, and attempts to ask previous juvenile institution employers of applicant's past involvement in PREA related incidents. The PREA Auditor reviewed the interview questions and discussed the screening process with the Superintendent and Human Resources / Business Manager.

115.317 (d) In accordance with this provision, the facility does perform criminal background records checks, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

115.317 (e) St. Louis City Juvenile Detention Center conducts criminal background checks of current employees and contractors who may have contact with residents every five years. Initially The PREA Auditor 's review of Personnel files showed all selected files included background checks completed every five years.

115.317 (f) St. Louis City 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). Superintendent disclosed in her interview that the facility also practices a policy of ongoing self-disclosure regarding involvement in PREA related incidents.

115.317 (g) In accordance with this standard, St. Louis Juvenile Detention Center Director of Human Resources Manager Personnel stated in their interviews that material omissions regarding such misconduct (PREA related) or the provision of materially false information is grounds for termination of employment. This

	<p>statement is documented on page 1 subsection B of Policy 3.02 Title Application.</p> <p>115.317 (h) According to interviews of the Superintendent and Human Resources / Business Manager, unless prohibited by law, St. Louis Juvenile 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 Assistant Superintendent, Human Resources / Business Manager and Superintendent affirmed separately in their interviews that facility does consider all items listed in 115.317 (a-h) when making hiring and promotion decisions.</p> <p>Based on the information received during interviews, policy reviews, and personnel documents reviewed in the interviews the facility meets the requirements of standard 115.317.</p> <p>Corrective Action: None</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • Facility Schematics <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Superintendent • Agency Head <p>Site Review / Observation:</p> <ul style="list-style-type: none"> • Observation of the campus operations during the on-site tour. • Demonstration of the existing video surveillance system. <p>Provisions:</p> <p>115.318 (a - b) During interviews of the Assistant Superintendent, Superintendent, and Agency Head they all explained there had been no substantial modification to</p>

	<p>the facility (including upgrades to the camera system) since the last PREA Audit. The Assistant Superintendent discussed a "camera project." The project does not include a significant system change, rather an on-going expansion to improve camera coverage and eliminate blind spots. The PREA Auditor reminded each administrator that the camera project discussion be reflected in meeting minutes to reflect the project team's acknowledgment of the PREA standards before installing any new equipment.</p> <p>The staff 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.</p> <p>Corrective Action Findings: None</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City PREA Policy #17 • Cardinal Glennon Children's Hospital Forensic Exam Protocols • Resident Handbook • Web pages for CAC & Cardinal Glennon Children's Hospital <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Clinical Director • Children's Advocacy Centers Representative • Random staff interviews • Random resident interviews • SAFE/SANE Nurse, Cardinal Glennon Children's Hospital • Trainer <p>Site Review / Observation:</p> <ul style="list-style-type: none"> • Facility postings • Brochures available to resident

Provisions:

115.321 (a) St. Louis City Juvenile Detention Center Policy and Procedure #12 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 St. Louis Police conduct the investigations, but the St. Louis City Juvenile Detention Center staff are aware of the physical evidence protocols.

115.321 (b) The Assistant Director/ PREA Coordinator and Superintendent both stated, and the policy does follow a protocol that is developmentally appropriate for youth and is adapted from the most recent edition of the US Department of Justice's Office on Violence Against Women publications. All of the above confirmed the latest approved protocols are being implemented. The PREA Auditor was able to ascertain and confirm the following:

- The facility does not conduct administrative or criminal investigations. Allegations are referred to the St. Louis Metropolitan Police Department for criminal investigations and OHI (Out of Home Investigations) for administrative investigations. Random staff interviews confirmed an understanding of the facility investigations protocol.
- Cardinal Glennon Children's Hospital 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 St. Louis City Juvenile Detention Center, conducted in the past 12 months.
- Children's Advocacy Services of Greater St. Louis has an agreement with the St. Louis City Juvenile Detention Center to provide outside the facility emotional support and crisis counseling services. The Superintendent, Clinical Director, and Assistant Director / PREA Coordinator, during their interviews, confirmed their understanding of the practice.

115.321 (c) In event of a PREA related allegation, the St. Louis City Juvenile Detention Center staff call the Police for criminal investigation and a facility representative would take the resident to Cardinal Glennon Children's Hospital for the SAFE and SANE examination. The hospital services include Sexual Assault and Violence Response and Child Protection Teams. The PREA Auditor reviewed the hospital web site and found a comprehensive explanation of the structure of the department, the staff training, and multiple ways the hospital provides support, forensic medical services to meet the needs of sexual assault victims.

In an interview, the Forensic Nurse explained there was a number of qualified SANE nurses that allowed at least one to always be on duty. She explained it was hospital practice to have a forensic nurse available 24 hours a day.

The PREA Auditor found no evidence of any St. Louis City Juvenile Detention Facility related forensic exams being conducted during the past 12 months.

115.321 (d) Children's Advocacy Services of Greater St. Louis provides intervention

	<p>and related sexual assault assistance services provided free of charge. The services include 24 hour per day access for reporting, advocacy, and forensic exams. Children's Advocacy is not an organization that is part of the criminal justice system. Of the residents interviewed, 10 of 10 were able to describe how to access the services in a confidential manner. The Auditor received responses</p> <p>115.321 (e) Clinical Director Felicia Johnson explained that St. Louis City Juvenile Detention Center does have a qualified mental health therapist on duty to provide advocacy and emotional support services. However, the hotline remains available 24/7 to support youth as needed. The PREA 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 PREA 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 St. Louis City Juvenile Detention Center. The Hotline representative answered all questions, gave good explanations of the protocols, and confirmed all of the information above.</p> <p>115.321 (f) The St. Louis Police department conducts all criminal investigations. Cardinal Glennon Children's Hospital are 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.</p> <p>1155.321 (g) Auditor is not required to audit this provision.</p> <p>115.321. (h) St. Louis City Juvenile Detention Center is in compliance with standard 115.321 (h) because the Clinical Director is appropriately trained. The training includes: PREA 201 for Medical and Mental Health Practitioners, PREA: Your Role Responding to Sexual Abuse, and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The facility also facilitates contact with the Children's Advocacy Services of Greater St. Louis 24 hours per day.</p> <p>As a result of the interviews conducted, the documents reviewed, and the postings observed the facility was found to meet the requirements of standard of 115.321.</p> <p>Corrective Action Findings: None</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- PAQ
- St. Louis City Juvenile Detention Center PREA Policy
- Staff Training Files

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Clinical Director
- Random staff interviews
- Random resident interviews

Site Review / Observation:

- Facility postings
- Brochures available to residents

Provisions:

115.322 (a) St. Louis City Juvenile Detention Center PREA Policy requires that all allegations of sexual abuse and sexual harassment are investigated by the St. Louis City Police 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 St. Louis Metropolitan Police Department, interviews with St. Louis City Juvenile 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 PREA Auditor asked the Clinical Director, Assistant Superintendent, and Superintendent if there had been any allegations since the last PREA audit. All three administrators responded "no" when asked if there had not 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 included a policy that all allegations of sexual abuse or sexual harassment are referred to the Police Department as they have the legal authority to conduct criminal investigations

	<p>115.322 (c) The St. Louis City Juvenile Detention Center policy and St. Louis Metropolitan Police Department protocols govern PREA related investigations. The PREA Auditor confirmed with the St. Louis Police Department that they are the authorized outside agency who conducts investigations into allegations of sexual abuse and sexual harassment.</p> <p>115.322 (d) The auditor is not required to audit this provision.</p> <p>115.322 (e) Auditor is not required to audit this provision.</p> <p>During staff interviews, including the Assistant Superintendent / PREA Coordinator, Clinical Director, and random staff, it was evident that the facility staff understood the investigation process and were able to explain the process for 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.</p> <p>Considering all of the information received in interviews, documentation reviews, and facility observations the Auditor determined the facility does meet all of the requirements of standard 115.322 (a-e)</p> <p>Corrective Action Findings: None</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center PREA Policy #12 • St. Louis City Juvenile Detention Center Training Policy #28 • St. Louis City Juvenile Detention Center LGBTQI Policy #27 • Training Documentation (rosters, signed acknowledgements, certificates) • Training Curriculum (power point presentations) • Youth Leader Specialist Unit Reference Guide • PREA brochure • Training Resource Manual • PREA Crossword Puzzle and Test <p>Interviews included:</p>

Assistant Superintendent / PREA Coordinator
Random Staff
Specialized staff

Site Review / Observations:

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

Provisions:

115.331 (a) The St. Louis City Juvenile Detention Center PREA Policy 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 includes the following:

1. The Zero Tolerance policy for sexual abuse, sexual harassment, and sexual activities
2. How to fulfill their PREA responsibilities under St. Louis City Juvenile Detention Center policies and procedures
3. Residents right to be free from sexual abuse and sexual harassment
4. The right of residents and employees to be free from sexual abuse and harassment
5. The right of residents to be free from retaliation for reporting sexual abuse and harassment
6. The dynamics of sexual abuse and sexual harassment in juvenile facilities
7. The common reactions of juvenile victims of sexual abuse and harassment
8. How to detect and respond to signs of threatened and actual sexual abuse
9. How to avoid inappropriate relationships with residents
10. How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
11. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
12. Relevant laws regarding the applicable age of consent (age of consent in Missouri is 17 years)

The staff are provided a brochure that describes the facilities zero tolerance of sexual abuse and harassment. Random staff interviews revealed the staff know the learning objectives of the training (listed in #1-12 above). The PREA Auditor reviewed staff training records that included initial training upon hire and refresher training on an annual basis.

115.331 (b) St. Louis City Juvenile Detention Center training is tailored to the unique needs and attributes and gender of the residents at the facility. The Detention Center provides services to youth of all gender identities. Youth are housed based on their gender identity. The staff of the opposite gender receive the same training regardless of what shift they are assigned. Training documentation

	<p>received by The PREA Auditor supports this standard. The training is initiated during new employee orientation and is continued through annual refresher training.</p> <p>115.331 (c) The St. Louis City Juvenile 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. Employee records included signed acknowledgements of receiving PREA training and their responsibilities as first responders.</p> <p>115.331 (d) The Assistant Superintendent / PREA Coordinator 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.</p> <p>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.</p> <p>Note: The Training Resource Manual was reviewed and deserves recognition above the normal standard. The Manual includes print outs of the PREA training slides, a PREA Assessment test, the PREA Policy #12, the PREA Brochure, a master list of all facility staff and the date of their last PREA training, and proof of training with staff initials.</p> <p>Because the staff demonstrated good PREA knowledge, facility trainer demonstrated a solid knowledge of PREA, the Training Manual was accessible and well put together, and the training records were updated and in good condition the facility was considered to exceeds the requirements of standard 115.331.</p> <p>Corrective Action Findings: None</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ

- St. Louis City Juvenile Detention Center PREA Policy #12
- St. Louis City Juvenile Detention Center LGBTQI Policy #17

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Clinical Director
- Random Staff
- Specialized staffContracted staff

Site Review / Observations: None

Provisions:

The Superintendent and Assistant Superintendent both explained there have not been any volunteers, but they have utilized contractors used during the past 12 months. When asked how St. Louis City Juvenile Detention Center volunteers and contractors are trained, they replied they would receive the same PREA training as the full-time direct care staff. Volunteers that provide services (i.e. religious services) are treated as guests, provided basic PREA information, and not left alone with residents.

115.332 (a) The St. Louis City Juvenile Detention Center Policy states that the facility shall ensure that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The teacher positions are contracted and were interviewed to determine their PREA knowledge.

115.332 (b) St. Louis City Juvenile Detention Center PREA Coordinator explained all volunteers and contractors who have contact with residents are notified of the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. He also explained the training is the same as the full-time paid staff.

115.332 (c) The PREA Auditor was able to interview medical and education contract staff. In the interviews the individuals confirmed their attendance at PREA training and their understanding of the PREA standards.

Following a review of the training documentation and interviews of the facility training staff and contracted staff it was determined that the facility meets the requirements of standard 115.332 (a, b, and c).

Corrective Action Findings: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

- PAQ
- St. Louis City Juvenile Detention Center PREA Policy
- Posters
- Resident Handbook
- PREA Brochures (English and Spanish)
- PREA Education Video
- Memo from Superintendent (April 2022)

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Intake Staff
- Specialized Staff
- Random Staff
- Random Residents

Site Review / Observations:

- Posters hanging in areas commonly used by residents
- Informal conversations with both staff and residents
- PREA brochures available to residents, staff, and guests.
- Testing of reporting systems (phone, mailbox, etc..)

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 included in the Resident Handbook.

When interviewed, 12 of 12 residents reported learning of and understanding the Zero Tolerance Policy and how to report sexual abuse/sexual harassment. Over the past twelve months 143 youth were admitted to the St. Louis Juvenile Detention Center. Of the 262 intakes 248 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. When reviewing randomly

selected resident files, The PREA Auditor found no evidence that there were residents who did not receive the required Zero Tolerance Policy information.

The PREA Auditor found copies of the PREA brochure in the lobby of the administration section of the building where residents enter the facility and in the common areas of the juvenile section of the building.

115.333 (b) The St. Louis City Juvenile Detention Center PREA Policy states that within 10 days after admission, the facility provides 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 PREA Auditor found evidence that 12 of 12 residents had reviewed the PREA information and viewed the PREA Video within 10 days of admission to the facility. The PREA Auditor reviewed the intake paperwork, which includes a Prison Rape Elimination Act (PREA) Intake Form, and the St. Louis City Juvenile Detention Center PREA Policy and confirmed the materials and information provided to the residents include the resident's rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.

In a memo from the Superintendent (dated April 1, 2022) she explained to meet PREA Standard 115.333 (b) the St. Louis City Juvenile Detention Center, effective April 1, 2022, began showing the PREA education video to students within 10 days of intake to complete the requirement that each youth understands:

- Their right to be free from sexual abuse and sexual harassment
- Their rights to be free from retaliation for reporting such incidents
- Agency policies and procedures for responding to such incidents

2025 resident interviews supported that this practice is still in place.

115.333 (c) During the intake staff interview The PREA Auditor asked how he ensured current residents as well as those transferred from other facilities were educated on the agency's Zero Tolerance Policy. The intake staff confirmed that regardless of how, when, or where they came from all residents are provided the same resident education about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. The intake staff was asked, "How long from the date of intake are residents made aware of their rights as prescribed by PREA?", the staff replied: "upon arrival...the PREA information is reviewed with them."

115.333 (d) The intake and clinical staff provided The PREA Auditor with the resident education in formats accessible to all residents at the facility during the audit. Some also included those translated into Spanish. When the Assistant Superintendent was asked how intakes with limited reading skills could learn the PREA related information he responded the staff would either read the print information to the resident with the limited reading skills, involve a teacher, have the resident watch the video, 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

	<p>support services.</p> <p>In addition, the courts do have access to interpretive services for youth with special needs or disabilities including youth who are deaf, speech impaired, blind, or otherwise disabled.</p> <p>When asked about the use of translators the facility administrators and supervisors explained residents are not used as translators for other residents.</p> <p>115.333 (e) The Clinical Director was able to clearly explain the resident PREA education process. Upon auditor review, all randomly selected resident files reviewed included documentation including the residents' written 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. 12 of 12 residents said they believed they could report allegations of sexual abuse and harassment without being punished or fearing retaliation.</p> <p>115.333 (f) During the facility tour and subsequent unobstructed movement within the facility, the PREA Auditor viewed PREA related postings in the resident living units, classrooms, dining hall, and common areas. Posters included the name, address, and phone number to report sexual abuse and sexual harassment. The PREA Auditor also received a copy of and reviewed the PREA information in the brochure. PREA brochures were observed as part of the training curriculum and available to the public in the lobby of Juvenile Detention Center building. Postings include the phone number for the Missouri Child Abuse and Neglect Hotline 1 (800) 392-3738.</p> <p>Based on information received in interviews, facility observations, and written in PREA related documentation the facility was found to meet the standard of 115.333 (b).</p> <p>Corrective Action Findings: None</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • Training for Detention Personnel Policy #28 • Training Documentation

- PREA Power Point Presentation

Interviews included:

- Superintendent
- Assistant Superintendent / PREA Coordinator
- Hospital Forensic Unit Representative
- Child Abuse and Neglect (OHI)

Site Review / Observations: None

Provisions:

115.334 (a) In accordance with St. Louis City Juvenile Detention Center Policy, staff members cannot investigate allegations of sexual abuse. All investigations are conducted by outside agencies. therefore, this section is N/A.

115.334 (b) Because abuse investigations are the responsibility of the Missouri Out of Home Investigations (OHI) St. Louis City Juvenile 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. This section is N/A.

115.334 (c) St. Louis Juvenile Detention Center did not provide documented proof of the training because the investigations are completed by an outside agency. This section is N/A.

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

The PREA Auditor called both outside investigative agencies and confirmed OHI are the responsible agency for administrative investigation related to abuse and neglect allegations. The St. Louis Police Department is responsible for criminal investigations.

Because the facility does not conduct administrative or criminal investigations and has systems in place to support outside agency investigations the facility meets the requirements of standard 115.334 (a-d).

Corrective Action Findings: None

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

- PAQ
- St. Louis City Juvenile Detention Center PREA Policy #12
- Training Documentation

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Clinical Director
- Medical Staff

Site Review / Observations: None

Provisions:

115.335 (a) The St. Louis City Juvenile Detention Center Policy #12, page 8 section F states, "Staff that investigates allegations, mental health and medical staff shall also receive training on these topics as well as specialized training related to their role in prevention, detection, and the response process." The investigations and medical exams are conducted by outside agencies (OHI, Police, Hospital). Training certificates and staff interviews demonstrated the staff had completed specialized training, "PREA 201 for Medical and Mental Health Practitioners." During interviews, specialized staff were able to give examples of how they would detect and assess signs of sexual abuse and sexual harassment, preserve evidence, respond professionally to allegations of sexual abuse or harassment, and how to report allegations or suspicions of sexual abuse and harassment.

115.335 (b) St. Louis Juvenile Detention Center medical staff do not conduct forensic exams. The nurse interviewed as well as the Assistant Superintendent confirmed this fact. The representative at the Cardinal Glennon Children's Hospital confirmed via phone the trained and certified Forensic Unit medical staff conduct the exams for the Juvenile Detention Center.

115.335 (c) The PREA Auditor asked to review certificates of completion for medical staff receiving specialized PREA training. There were none, however because they do not conduct forensic exams, there was no proof of that training. The nurse adequately described the process and protocols she would follow if there was an allegation of sexual abuse in the facility.

115.335 (d) The St. Louis City Juvenile Detention Center Policy #12, page 8 section F states, "Staff that investigates allegations, mental health and medical staff shall also receive training on these topics as well as specialized training related to their

	<p>role in prevention, detection, and the response process. The contracted medical and full-time mental health staff confirmed in their interviews that they have received training in accordance with 115.331 and 115.332.</p> <p>Using information from specialized staff interviews and related documentation reviews (training records and policy reviews) the St. Louis Juvenile Detention Center was determined to be in compliance with PREA Standard 115.335 (a-d).</p> <p>Corrective Action Findings: None</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making of the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Family Court Intake / Admissions Form • St. Louis City Family Court Intake Youth Observation for Detained Youth Form • St. Louis City Juvenile Detention Center Policy - #7 Intake and Admissions • Screening Instruments - MAYSI (Massachusetts Youth Screening Instrument) • SAVAC (Sexual Assault Victim/Assailant Checklist) <p>Interviews included:</p> <ul style="list-style-type: none"> • Clinical Director • Intake and Assessment Staff • Residents • Assistant Superintendent <p>Site Review / Observations:</p> <p>There was no intake/admission to observe during the on-site portion of the audit.</p> <p>Provisions:</p> <p>115.341 (a) St. Louis Juvenile Detention Center Policy (#7) 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 (Missouri Secure Detention SAVAC) to reduce the risk of sexual abuse by or upon another youth. Upon review of the screening instrument,</p>

The PREA Auditor determined the screening instrument (named SAVAC Checklist) includes the elements required in provisions 115.341 a, b, and c. During discussions with intake staff and the Clinical Director, The PREA Auditor asked about the admissions and assessment process. The staff interviewed consistently explained how the first thing youth do upon admission is spend time with the intake and clinical staff in the intake section 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 Assistant Superintendent and Clinical Director stated the agency also obtains this information periodically throughout the youth's stay to reassess housing and supervision assignments. Suicide and Intervention Policy requires a reassessment, "for any youth who has been detained for more than 90 consecutive days."

115.341 (b) The St. Louis City Detention Center policy states assessments are to be conducted using objective screening instruments MAYSI and SAVAC. The PREA Auditor reviewed five youth MAYSI and SAVAC completed assessments. Clinical Director Felicia Johnson explained, in great detail the assessment process and what role the objective screening tools play in the youth classification process.

115.341 (c) The screening instrument in use at St. Louis City Juvenile Detention Center does include the following information:

- Prior sexual victimization or abusiveness
- 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
- Current charges and offense history
- Age
- Level of emotional and cognitive development
- Physical size and stature
- Mental illness or mental disabilities
- Intellectual or developmental disabilities
- Physical disabilities
- The residents own perception of vulnerability
- Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents

The PREA Auditor reviewed the Missouri Secure Detention Sexual Assault Victim/ Assailant Checklist (SAVAC) screening instrument and determined it does include all of the required factors to meet this standard.

115.341 (d) Through the file audits, staff interviews, resident interviews and an interview with the existing therapist The PREA 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

	<p>documentation that is gathered upon the resident's arrival at the facility. The facility met the standard of this section.</p> <p>115.341 (e) The Assistant Superintendent, Clinical Director, and intake staff indicated during interviews that the information obtained during the initial and follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and access to prevent exploitation is controlled by double locking the paper files and password protecting the electronic records. Employees are only permitted to view the protected information on a need-to-know basis. During the facility tour and during other times of facility observation The PREA Auditor observed the files with confidential information maintained in a secure manner.</p> <p>Based on the information learned in the interviews, document reviews, inclusion of the objective screening instrument, 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).</p> <p>Corrective Action Findings: None</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center PREA Policy #12 • St. Louis City Juvenile Detention Center LGBTQI Youth Policy #17 • (SAVAC) Sexual Assault Victim/Assailant Checklist • MAYSI Questionnaire • LGBTQ Policy • Resident Files <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Clinical Director • Random Residents • Random Staff

- Staff Responsible for Risk Screening/Intake

Site Review / Observations:

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

Provisions

115.342 (a) St. Louis City Juvenile Detention Center Policy explains that the facility uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for youth. The newly adopted 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) St. Louis City Juvenile Detention Center Policy prohibits the use of isolation; therefore, the Detention Center avoids isolating residents due to risk of sexual victimization. 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 areas or isolation practices observed.

Residents were housed in groups of 3 female, 8 male, 11 male, and 12 male.

115.342 (c) Assistant Superintendent, and Shift Supervisors 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 St. Louis City Juvenile Detention Center having a LGBTQ resident for the past 12 months, therefore there were no bed assignment records or screening instruments to evaluate for this standard. The agency 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 and a targeted resident interview revealed no special housing based on how a resident gender identifies.

115.342 (d) The Clinical Director, intake staff, Supervisors, and Assistant Superintendent / PREA Coordinator reported no LGBTQ identifying residents in 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 4 residents were assigned on a particular living unit due to their risk of escape. The

unit maintained a 1:2 staff to student ratio during the on-site review.

115.342 (e) St. Louis City Juvenile Detention Center is designed for a short-term length of stay, however some residents have resided at the facility up to one year. Assistant Superintendent explained long term stay residents are reassessed at least every six months. 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 were identified by the facility as LGBTQ at the facility. However, one female youth self-identified as lesbian during her random resident interview therefore, the auditor could interview her in respect to her feeling like her own views were being considered in regard to housing assignments. She shared she felt safe and was not treated any different than the “straight kids.”

The program’s screening instrument used for admissions assessments does take into consideration the residents own views with respect to his or her own safety. Due to the number of open rooms and all of the existing residents residing in single occupancy rooms, room assignments were not a primary concern of the staff or residents at the facility.

115.342 (g) Residents have the opportunity to shower separately from other youth and from the direct observation of staff. During the facility tours The PREA Auditor observed the shower area. The shower area is not private, but the shower practice and protocols are. All direct care staff and residents, in individual interviews, explained the same shower process that afforded privacy to the resident showering. All youth shower separately and out of view from other residents and staff.

115.342 (h) St. Louis City Juvenile Detention Center Policy requires the staff document any student isolation or separation including

- The basis for the facilities concerns for the residents safety.
- The reason why no alternative means of separation can be arranged.

115.342 (i) According to the Assistant Superintendent / PREA Coordinator 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. The Assistant Superintendent confirmed the facility utilizes single rooms and does not use isolation for the protection of residents at risk of sexual victimization. During the facility tour the auditor did not witness the use of isolation practices.

Based on the information learned in the interviews, document reviews, and the observations of the auditor, St. Louis Juvenile Detention Center is

	<p>in compliance with standards of this section. The facility meets the requirements of standard 115.342 (a - i).</p> <p>Corrective Action Findings: None</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Detention Center PREA Policy #12 • St. Louis City Juvenile Detention Center Policy #28 Training for Detention Personnel • Screening Instrument • Resident Files • Juvenile PREA Intake Orientation Acknowledgement • Grievance Forms • PREA Brochure • PREA Posters • Resident Handbook <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Clinical Director • Superintendent • Intake Staff • Random Residents <p>Site Review / Observations:</p> <ul style="list-style-type: none"> • Intake assessment and orientation offices area. • Facility Tour – focus on signage throughout the facility • Informal conversations • Sending and receiving mail procedures • Records Storage <p>Provisions:</p>

115.351 (a) Page 6 of Policy #12 Section III Procedures A addresses "Reporting an allegation of a sexual nature. The policy lists 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 St. Louis City Juvenile Detention Center Policy lists the following options to report:

- Report to any staff
- Report to a third party (Children's Division, Legal Counsel, Deputy Juvenile Officer, Psychological Services counselor, Parent/Guardian
- Report in writing
- Report verbally
- Report via Hotline (including anonymously).

The PREA Auditor observed posters with the hotline phone number in areas residents had access to. The areas included living units, classrooms, hallways recreation and dining areas. Also observed were numerous grievance boxes where youth could put a note asking to speak with someone.

In Random resident interviews, 12 of 12 residents could explain at least three ways to report sexual abuse and/or harassment. All residents explained they would tell a trusted staff or their parents.

115.351 (b) St. Louis City Juvenile Detention Center accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. 10 of 10 random staff responded they understood this to be true. Anonymous and third party reports may be submitted to

- The Hotline 1 (800) 392-3738. This number was observed throughout the facility. This phone number was tested and confirmed by The PREA Auditor . Hotline operator Nancy ID#34074 confirmed the Hotline abuse and neglect procedures for taking and processing a call from the Juvenile Detention Center. The Hotline is available 7 days per week and 24 hours per day. Anonymous calls are accepted.
- Calls or in writing reports to the Children's Division
- Legal Counsel
- Deputy Juvenile Officer
- Psychological Services Counselor
- Parent/Guardian

10 of 10 staff interviewed reported they would immediately report and document any reports of sexual abuse and harassment. 12 of 12 residents gave examples of "how" they would report to a Third Party. Responses included call the Hotline using the phone in the living unit, write on a grievance form, tell their lawyer during a visit, and tell a trusted staff member.

The St. Louis Juvenile Detention Center does not detain residents solely for the civil immigration purposes.

	<p>115.351(c) In accordance with St. Louis City Detention Center Policy #12 Juvenile Rights page 6 section III 3, any staff members accept reports of sexual abuse and sexual harassment from a detained juvenile, whether verbally or in writing, shall immediately notify his or her immediate supervisor. This was evident in the staff and resident responses during the in-person interviews.</p> <p>When asked about documenting verbal reports of sexual abuse and sexual harassment 6 of 6 non-supervisory staff responded first that they would immediately report it to 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.</p> <p>115.351 (d) St. Louis City Juvenile Detention Center provides residents access to grievance forms and writing instruments to privately make a written report. The PREA Auditor observed grievance forms available and 12 Of 12 residents reported access to writing instruments upon request. In interviews 12 of 12 residents reported that they believed they could file a confidential grievance or allegation of sexual abuse or harassment.</p> <p>115.351 (e) Asked if they were trained to privately report sexual abuse or harassment 10 of 10 randomly selected staff responded “yes.” Staff explained they could call the hotline listed on the posters or brochures.</p> <p>The Training for Detention Personnel Policy #28 is clear on page 4 Section 10. c list PREA as required. The staff view a PowerPoint and take a PREA quiz / knowledge check every two years. The PREA Auditor reviewed the PREA video, PowerPoint, PREA crossword puzzle and staff quizzes.</p> <p>Based on the information learned in the resident and staff interviews, document reviews, and the observed facility postings, the facility meets the requirements of standard 115.351 (a - e).</p> <p>Corrective Action Findings: None</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center PREA Policy #12 • Resident Handbook • St. Louis City Juvenile Detention Center Policy #19 Youth Grievance Policy

- Resident Files
- Third Party Reporting Forms

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Clinical Director / PREA Coordinator
- Random Residents
- Random Staff
- Agency Head

Site Review / Observations:

- Intake assessment and orientation process.
- Facility signage related to filing complaints and grievances
- Test facility systems related to complaints and grievances

Provisions:

115.352 (a) This standard does apply to St. Louis Juvenile Detention Center because the facility does have administrative procedures to address resident grievances regarding sexual abuse and harassment.

The PREA Auditor confirmed through a review of policies, the Resident Handbook for Juveniles and their Parents, and interviews that grievances regarding sexual abuse and harassment follow PREA standards. If a written grievance is received related to sexual abuse or harassment it is immediately treated as a PREA allegation and the appropriate steps of reporting and follow up are implemented.

115.352 (b) The PREA Auditor found no evidence of timelines or restrictions on grievances for reporting sexual abuse or sexual harassment. Youth are not required to use any particular reporting manner (i.e. informal grievance or other problem-solving method). A review of the resident rights showed no evidence of limiting their legal rights of a juvenile in a detention center.

115.352 (c) In accordance with St. Louis City Juvenile Detention Center policy 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. Page 16 of the Resident Handbook states, "If you think your grievance is sensitive and you don't feel comfortable giving it to a supervisor you can deliver it directly to the Superintendent's office by placing the grievance form in the mailbox located on each unit by the door."

Such grievances are not referred to a staff member who is the subject of a complaint. 12 of 12 residents confirmed they could file a complaint against a staff member without the grievance going to the staff in question. The PREA Auditor received responses such as;

- I would tell my Mom, Dad, Grandma, ... (Family member)
- I would tell my lawyer
- I would tell a supervisor
- I would tell Mr. XXXX (specific staff)

115.352 (d)

1. All grievances and allegations related to sexual abuse and harassment are referred to the Out of Home Investigations for administrative investigations and the Children's Division of the Police Department for criminal investigations. Policy Department. During a telephone conversation, the agencies staff acknowledged the expected PREA guidelines and said they complete their portion of the investigation as soon as possible. This would allow St. Louis Juvenile 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 St. Louis Juvenile Detention Center Assistant Superintendent / PREA Coordinator acknowledged 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 the grievances of the past 12 months The PREA Auditor found zero allegations or grievances related to sexual abuse or harassment.

3. Although unlikely, 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 Protective Services.

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

1. According to St. Louis City Juvenile Detention Center, third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall be also permitted to file such requests on behalf of residents.

2. The Assistant Superintendent, Shift Supervisors, and Superintendent 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 St. Louis Juvenile Detention Center staff would document the resident's decision.

4. St. Louis City Juvenile 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 her behalf.

5. The Agency Head and 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. St. Louis City Juvenile Detention Center has confidential grievance boxes and has an open-door policy to the Assistant Superintendent and Superintendents office. The PREA Auditor observed residents using this avenue to talk to Assistant Superintendent in private. If a resident informally asked to speak with the Assistant Superintendent, he would either stop what he was doing and speak with the youth or commit to time to return and talk to the resident. This procedure enhances the facility 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 St. Louis City Juvenile Detention Center's administrators maintain constant communication with the direct care staff and residents. Any grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, in accordance with Policy #12 (page 10 section J1), the matter would be immediately reviewed at the highest level and forwarded to the Metropolitan Police Department and the Children's Division for investigative processing.

3. After receiving an emergency grievance, either the Assistant Superintendent or Superintendent would provide an initial response within 48 hours and a final agency decision within five calendar days.

4. Because the St. Louis City Juvenile 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, Metro Police Department), they could be considered exempt from the standards listed in #5,6, and 7 of this section. However, the policy does 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 Assistant Superintendent, Clinical Director, and Superintendent did place a high level of priority related to appropriately communicating with residents on all resident safety concerns. This was observed by The PREA Auditor while on the facility tour and while observing operations in the facility.

115.352 (g) St. Louis City Juvenile 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 PREA Auditor found no grievances filed over the past 12 months alleging sexual abuse or harassment.

Throughout facility staff interviews, outside agency interviews, and document reviews the PREA Auditor found one grievance filed by a resident for the purpose of reporting sexual harassment. The grievance was PREA related as it alleged the staff had sexually explicit communication with a detained youth, was verbally abusive towards a detained youth, had a breach of professional boundaries, and committed a violation of internet/cell phone policy by providing internet access to a youth in

	<p>detention. The investigation summary was appropriate, the notifications to outside agencies were completed, the communication with the resident appropriate and the disciplinary action was consistent with agency policy and PREA Standards. 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 includes avenues for filing an appeal.</p> <p>As a result of the auditor observations while on campus, reviews of resident grievances, investigation reviews, and interviews of staff and residents this auditor has determined the facility meets the requirements of standard 115.352 (a - g).</p> <p>Corrective Action Findings: None</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center PREA Policy #12 • PREA Brochure • PREA Posters • Facility Schematics of visitation space • Resident Handbook <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Intake Staff • Supervisory Staff • Residents • Outside Advocacy Agency <p>Site Review / Observations:</p> <ul style="list-style-type: none"> • Telephone locations and resident ability to make confidential calls.

- Rooms provided for confidential resident meetings with lawyers, advocates, and parents
- Informal conversations with staff and residents
- Complaint/grievance boxes
- Signage location and content
- Complaint/grievance system test

115.353 (a) The St. Louis City Juvenile Detention Center Policy outlines how all residents have access to outside confidential support services related to sexual abuse and harassment. The facility provides information through 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. 12 of 12 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 multiple administrative staff interviewed confirmed residents were provided private and confidential phone calls upon request. Since the last PREA Audit the facility started in-person visits with family and legal representatives.

While at the facility the PREA Auditor observed confidential visits between attorney's and residents

The PREA 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 not include a mailing address for residents to correspond by mail. The PREA Auditor called the phone number on the brochure and spoke to a hotline staff about the confidential services offered to callers. Hotline staff reported not being aware of any calls on record from the St. Louis City Juvenile Detention Center in the past 12 months.

The St. Louis City Juvenile 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.

115. 353 (b) 12 of 12 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. 10 of 10 residents, one intake staff, and the Clinical Director 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

	<p>advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>The PREA Auditor observed the PREA posters with toll free numbers to access confidential support services. The PREA Auditor tested the phone numbers and confirmed the process was established and working. 10 of 10 random staff and the administrative staff confirmed in their respective interviews that the resident phone calls could be made in a confidential manner upon request.</p> <p>115.353 (c) The Children’s Advocacy Services of Greater St. Louis provides the St. Louis City Juvenile 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 PREA Auditor confirmed the services are available and applicable to PREA Standard 115.353 by internet research and calling and speaking with Children’s Advocacy Services representatives.</p> <p>115.353 (d) St. Louis City Juvenile Detention Center Policy and Practice 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, page 12 and 14 explains the residents have a right to visit in private with their lawyer upon request.</p> <p>In the interviews 12 of 12 residents all reported feeling safe at the Juvenile Detention Center and that they could make confidential contact with legal representatives and to receive emotional support services as needed. During the multiple facility tours the PREA Auditor observed postings in areas commonly used by residents and observed meeting rooms designated for conducting confidential visits between residents and parents and or legal representatives.</p> <p>The documentation reviewed, information received through interviews, and what was observed on tour of the facility led The PREA Auditor to determine the facility meets the requirements of standard 115.353 (a - d).</p> <p>Corrective Action Findings: None</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p>

- PAQ
- St. Louis City Juvenile Detention Center PREA Policy #12
- PREA Posters
- PREA Brochure
- Detention Center Brochure
- PREA Intake Acknowledgement Form

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Random Residents
- Random Staff

Site Review / Observations:

- Facility Postings and Signage
- Testing of facility reporting systems

Provisions:

115.354 (a) The St. Louis City Juvenile Detention Center Resident Handbook describes the procedures for to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a youth. Facility policy addresses third party reporting. Page 6 of Policy #12 describes the procedure of receiving PREA allegations in writing, verbally, or anonymously.

Random staff interviews revealed the staff are aware of the Third-Party reporting expectations. 10 of 10 staff 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 PREA Auditor, the Hotline staff explained they would accept a Third-Party report of sexual abuse or harassment.

The PREA Auditor observed the posting of the 3rd party reporting procedure posted on wall hangings in the visitor entrance to the facility and in the hallway of the administration area.

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.

The facility meets the requirements of standard 115.354.

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

- PAQ
- St. Louis City Juvenile Detention Center Policy - Reporting of Allegations of Abuse or Neglect
- PREA Posters
- MOU between the facility and the hospital

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Random Residents
- Random Staff
- Hotline Representative
- Intake Staff

Site Review / Observations:

- Facility Postings

Provisions

115.361 (a & b) The St. Louis City Juvenile Detention Center Policy #12 (page 6 section III) does make clear "all employees of the Family Court - Juvenile Division are mandated reporters and must be in compliance with all applicable child abuse reporting laws." Policy does require all staff to report immediately to the Superintendent any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment they receive. The facility requires all staff report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, an incident of sexual harassment, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, any staff neglect or violation of responsibilities that may have contributed to such an incident retaliation.

In staff interviews, the staff consistently explained they were trained to report immediately and according to agency policy any knowledge, suspicion, or information related to allegations of sexual abuse or harassment

115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, according to the St. Louis City Juvenile

	<p>Detention Center policy staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Policy #12 (page 6 section III). A. 7 states, "Staff shall respect the privacy rights of the victims and maintain confidentiality regarding any sexual incident and shall not discuss it except with this noted in this procedure and with those with a legitimate need to know."</p> <p>115.361 (d) The Juvenile Detention Center does have both medical and mental health staff. Through interviews, The PREA Auditor learned both the 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 practitioner interviewed reported they are required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>115.361 (e) Upon receiving any allegation of sexual abuse, the Superintendent is responsible for promptly reporting the allegation to Child Abuse Hotline, the Chief Juvenile Officer, and the alleged victims' parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the Superintendent is responsible for contacting the assigned caseworker. If there is a allegation that a victim is under juvenile court jurisdiction the Superintendent would also call the resident's lawyer or legal representative as soon as possible. Though the interview process, The PREA Auditor learned the Superintendent and Assistant Superintendent have a good understanding of the reporting processes. Through a review of investigative documents, the Auditor was able to see the facility administration is proficient in meeting the standards of 115.361</p> <p>115.361 (f) in the past 12 months, there was one allegation of sexual harassment and abuse. The auditor reviewed the investigative documents and the calls to investigative authorities were timely and appropriate. 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 an anonymous report, to the police department.</p> <p>Based on the information found through documentation reviews, interviews, and facility postings the facility meets the requirements of standard 115.361 (a-f).</p> <p>Corrective Acton Required: None</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

- PAQ
- St. Louis City Juvenile Detention Center Policy #12

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Random Residents
- Random Staff

Site Review / Observations:

- Facility Postings

115.362 (a) Interviews of random staff as well as administrators revealed 100% of St. Louis City Juvenile 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 Juvenile Detention Center Policy #12 supports this standard (115.362) on page 6 section III. #4. All staff interviewed sufficiently described the protocols if they learned a resident was subject to a substantial risk of imminent sexual abuse.

The auditor gave each staff interviewed a "what would you do if" scenario. Each staff described a sequence of actions that would be appropriate and in accordance with 115.362.

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 increased 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 St. Louis City Juvenile Detention process removes the person (staff or resident) who is causing the imminent risk of sexual abuse or harassment. Policy #12 supports this standard on page 6 with the sentence, "Staff are always required to safeguard the welfare of the youth." 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. y

During resident interviews the residents expressed trust in the facility reporting and response processes. None reported having had or needing to use the process.

Based on information received from interviews, documentation reviews,

	<p>and public postings, the facility meets the requirements of standard 115.362.</p> <p>Corrective Action: None</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis Juvenile Detention Center Policy <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Superintendent • Random Staff • Chief Juvenile Officer <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.363 (a - b) During her interview the Superintendent explained that upon receiving an allegation that a resident was sexually abused while confined at another facility, she would immediately pick up the phone and notify the head of the facility or appropriate office of the agency where the alleged abuse allegedly occurred, and then call the hotline. During interviews of the administrative staff of STLCJDC all interviewees reported there had not been any such report during the past 12 months. None of the staff interviewed could recall an incident where this notification procedure was necessary.</p> <p>115.363 (c) the St. Louis Juvenile Detention Center intake documents and logs were complete when reviewed by The PREA Auditor. There was no evidence of documentation that abuse allegations related to other facilities were made and there were no allegations of abuse or harassment reported at the facility in the past 12 months</p> <p>115.363 (d) Both the Assistant Superintendent, Superintendent, and Chief Juvenile Officer explained their knowledge of the reporting requirements related to sexual</p>

	<p>abuse and harassment. They all made it clear they would report any allegation and make sure the report was investigated in accordance with all PREA standards.</p> <p>Based on the review of available documentation and interviews of the administrators and various direct care staff the facility was determined to be in compliance with the requirements of standard 115.363 (a-d).</p> <p>Corrective Action Required: None</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention Center Policy #12 - PREA • Staff PREA Training slides, tests, crossword puzzle <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Random Staff • First Responder Staff • Random Residents <p>Site Review / Observations: None</p> <p>115.364 (a) According to the PREA Training for the St. Louis City Juvenile Detention Center, 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 separate the alleged victim and abuser; protect the crime scene until the proper authorities arrive; 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, including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</p>

	<p>The above practices are supported on slide 18 of the St. Louis city Juvenile Detention Center Power Point. This was further supported in the First Responder interviews where 10 of 10 randomly selected first responder staff responded in support of the appropriate practices.</p> <p>115.364 (b) The St. Louis City Juvenile 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.</p> <p>The evidence used to determine compliance with this standard was the PREA policy review, staff training curriculum review, and first responder staff interviews. The facility meets the requirements of standard 115.364.</p> <p>Corrective Action Required: None</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center Policy #12 - PREA • Staff PREA Training <p>Interviews included:</p> <ul style="list-style-type: none"> • Superintendent • Assistant Superintendent / PREA Coordinator • Random Staff • First Responder Staff <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.365 (a) The St. Louis Juvenile Detention Center PREA Policy defines (pages 6-10) specific staff's response to allegations of sexual abuse and sexual harassment. Each position has a role and specific action they are expected to take including first responders, mental health staff, administrators, and leadership. In his interview the Assistant Superintendent explained the facilities coordinated response</p>

	<p>plan. In their interviews the random staff and First Responders also could also articulate the process.</p> <p>Based on the interview responses received and the coordinated response plan documentation reviewed, the facility was determined to meet the requirements of standard 155.365.</p> <p>Corrective Action Required: None</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • PAQ • St. Louis City Juvenile Detention PREA Policy #12 • Staff files <p>Interviews included:</p> <ul style="list-style-type: none"> • Superintendent • Assistant Superintendent • Human Resources / Business Manager • Agency Head • Random Staff <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.366 (a) There are no agreements in place that would prohibit the St. Louis City Juvenile 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.</p> <p>Interviews of the Superintendent, Assistant Superintendent, Human Resources /Business Manager, Agency Head (CJO) and Random Staff provided no evidence that the facility participates in a collective bargaining processes that would limit</p>

	<p>PREA compliance.</p> <p>115.366 (b) The auditor is not required to audit this provision.</p> <p>Through staff interviews and file audits, The PREA Auditor determined the facility meets the requirements of standard 115.366.</p> <p>Corrective Action Required: None</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center Policy #12 - PREA • PAQ • Staff files <p>Interviews included:</p> <ul style="list-style-type: none"> • Superintendent • Assistant Superintendent • Agency Head (Chief Juvenile Officer) • Designated Staff Designated as Monitors of Retaliation <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.367 (a) The Juvenile Detention Center has a policy providing 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.</p> <p>115.367 (b) The agency employs multiple protection measures, such as housing transfers, 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 Assistant Superintendent reasons that would necessitate the movement of residents from one living unit to another. The Assistant</p>

	<p>Superintendent explained how the security staff would discuss with Clinical staff room moves to avoid incidents based on disagreements between peers. This was not necessarily PREA related; however, it was a demonstration that the facility did implement proactive protection/intervention measures to avoid incidents among the residents</p> <p>115.367(c, d, e) In accordance with facility policy for at least 90 days (except when the allegation is unfounded): the Superintendent is designated with protecting residents from retaliation monitors the reporter and the alleged victim for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews. The Superintendent and Assistant Superintendent are expected to conduct periodic status checks on the alleged victim and act promptly to remedy any retaliation.</p> <p>115.367 (f) The facility administration understood that their responsibility to monitor for retaliation terminates when an allegation is determined to be unfounded.</p> <p>There were no allegations of sexual abuse and one allegation of sexual harassment during the last 12 months, The PREA Auditor reviewed the documentation which would prove or disprove compliance with this standard. The staff member that was alleged to have participated in sexual harassment resigned while on suspension and during the investigation. As a result, she was never around the reporting resident post allegation.</p> <p>Overall, the interviews of the key staff designated as those responsible for monitoring for retaliation resulted in the individuals interviewed being able to explain measures they would employ to protect residents.</p> <p>As a result of the evidence considered (interviews, policy review, and staff file reviews), the facility meets the requirements of this standard 115.367 (a-e).</p> <p>Corrective Action Required: None</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center Policy • PAQ

- Facility Schematic
- Incident reports
- Resident Files

Interviews included:

- Superintendent
- Assistant Superintendent
- Medical and Mental Health Staff
- Random Residents

Site Review / Observations:

- Campus Tour – focusing on areas used isolation areas

115.368 (a) St. Louis City Juvenile Detention Center does not have designated space for 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.

During the facility tour the Auditor did not observe any area that the facility would use as segregated housing to protect victims of sexual violence.

Answers listed in the PAQ, answers given as responses during staff and student interviews, and information 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 is 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. The Assistant Superintendent explained, and listed in the PAQ, the facility does not use isolation or segregation to protect residents that allege to have suffered sexual abuse.

Evidence considered in making a compliance decision included incident reports and resident case files to determine if isolation is used at all at the St. Louis City Juvenile Detention Center. Related interviews included administrators, random staff, and residents. Observations included each building on campus to determine if there was an isolation area. The PREA Auditor could not find evidence that isolation is used at the facility. **As a result of the evidence considered, the facility meets the requirements of standard 115.368.**

Corrective Action Required: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

St. Louis City Juvenile Detention Center PREA Policy #12
Resident Files
Staff Files
Sample Investigation Letter from OHI

Interviews included:

Superintendent
Assistant Superintendent / PREA Coordinator
Staff Trainer
Random Staff
Investigative Staff

Site Review / Observations: N/A

Provisions:

115.371 (a) When interviewed the Superintendent and the Assistant Superintendent (both on the incident response team) explained that when an allegation is made, they first ensure the alleged residents involved are safe and the potential crime scene is not disturbed. They then call the Hotline as soon as possible. When asked how long it takes to initiate an investigation the Assistant Superintendent replied, "immediately."

At the St. Louis City Juvenile Detention Center, the investigating authorities are the St. Louis Metropolitan Police Department for criminal investigations and the Out of Home Investigations (OHI) agency for administrative investigations.

Both the Superintendent and the Assistant Superintendent said anonymous or third-party allegations would not be treated any different than any other allegation of sexual abuse or harassment.

There was one investigation with related documents to review. The process from allegations to staff termination was in accordance with PREA standards.

115.371 (b & c) The St. Louis City Juvenile Detention Center refers all investigations related to sexual abuse and sexual harassment to the St. Louis Metropolitan Police Department - sex crimes unit. When contracted by The PREA Auditor the St. Louis Metro Detective confirmed the departments investigative responsibilities at St. Louis City Juvenile Detention Center.

From discussions with the police department representatives, The PREA Auditor was able to confirm the investigation process includes;

Investigators are required to stay current on sexual assault training techniques and

relevant information

Training includes:

- Techniques for interviewing juvenile sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.
- The investigation process, including gathering of evidence.

Investigation relate to juveniles are initiated immediately upon receiving a report.

Third party or anonymous reports of sexual abuse or sexual harassment are not handled any different.

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 Cardinal Glennon Children's Hospital SANE certified nurse she explained they work closely with the investigators from the Police Department during sexual abuse investigations involving juveniles.

115.371(d) St. Louis City Juvenile Detention Center management (Assistant Superintendent and Superintendent) team reported in their separate interviews that the facility 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. In the one sexual harassment investigation that was reviewed, the PREA Auditor could not ascertain a reason to determine non-compliance with this provision.

Additionally, the police 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 and one of sexual harassment. That incident investigation was handled in accordance with expectations.

The St. Louis City Juvenile Detention Center management staff did report they would do nothing related to any on-going investigation unless it was pre-approved or requested by the investigating agency. This would include compelling interviews.

Prior to taking steps that will be included in a criminal prosecution, the policy department consults the District Attorney Office throughout all sexual assault investigations. The constant communication allows the investigators to receive consultation on processes such as whether to conduct compelled interviews.

115.371 (f) The St. Louis City Juvenile 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 the St. Louis Metropolitan Police Department. The Assistant Superintendent / PREA

Coordinator 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. He 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 17 page 19, Post Incident Review, "Detention Administration conducts an incident review preferably within 30 days of the conclusion of every sexual abuse investigation (unless determined unfounded). The purpose of the review is to identify the cause of the sexual abuse incident and whether a change in policy, practice, or operations would serve to reduce the likelihood of a re-occurrence. A review team is assembled for this purpose shall prepare a report of its findings and recommendations."

115.371 (h) Because there were zero criminal investigations, The PREA 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 St. Louis City Juvenile Detention Center policy all criminal investigations are referred to the Metropolitan Police Department. Any determination to pursue prosecution is determined by the District Attorney's office.

115.371 (j) Assistant Superintendent reported that in the case of investigations such as those referenced in 115.371(g) and (h) they would retain those files in accordance with PREA standards (as long as the abuser is incarcerated or employed 5 years (or employed plus 5 years) according to their policy and applicable law). Facility policy (#12) also states all reports shall be retained and maintained as confidential.

115.371 (k) St. Louis City Juvenile Detention Center does not conduct sexual abuse investigations, therefore has no control on the progress or outcome. As confirmed in Metropolitan Police representative interview, the Police do 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 St. Louis City Juvenile Detention Center staff would cooperate with outside sexual abuse investigators and endeavor to remain informed about the progress of the investigation as appropriate. 10 of 10 randomly selected staff confirmed they would participate in the investigation as requested by the outside agency. The Assistant Superintendent and Superintendent both replied 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

	<p>facility staff interviews and outside agency interviews the auditor determined St. Louis City Juvenile Detention Center to be compliant with standard 115.371 (a-m).</p> <p>Corrective Action Required: None</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center Policy - Investigations • Resident Files • Staff Files • Investigation Documents <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Coordinator • Agency Head • Outside Agency Investigative Staff • Hospital Forensic Nurse <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.372 (a) 3 of 3 facility administrators (Assistant Superintendent, Agency Head, and Superintendent), reported no sexual abuse allegations and one sexual harassment allegation in the past 12 months.</p> <p>The facility (St. Louis City Juvenile Detention) 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 St. Louis City Juvenile Detention Center may take disciplinary action against the staff involved. The outside agencies report the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>The one investigation reviewed by the PREA Auditor was conducted in accordance</p>

	<p>with PREA standard 115.372.</p> <p>A review of one investigation file, facility policy, and interviews with outside agency representatives, the PREA Auditor determined the facility meets the requirements of standard 115.372 (a)</p> <p>Corrective Action Required: None</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center Policy #12 PREA • St. Louis City Juvenile Detention Center Policy #19 Youth Grievance • Sample (Harassment) Investigation • Resident Files • Staff Files <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Compliance Manager • Superintendent • Random Residents <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.373 (a) Policy #12 (page 10) states that following an investigation of sexual abuse and receipt of the investigation agency's finding or findings, the facility shall inform the youth the determined outcome. The Assistant Superintendent or Superintendent are designated point person with outside investigative entities. The designee is responsible for informing a resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (b) St. Louis City Juvenile Detention Center does not conduct investigations, the agency policy on investigations states the facility shall request the information from the investigating agency in order to inform the resident. In the one sexual harassment investigation the Assistant Superintendent informed the resident of the investigation outcome.</p>

	<p>115.373 (c) St. Louis City Juvenile Detention Center Policy #12 (page 10) states 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:</p> <ul style="list-style-type: none"> • The staff member is no longer posted within the resident's unit • The staff member is no longer employed at the facility • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or • The agency learns that the staff member has been convicted on a charge related to the sexual abuse within the facility. <p>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 of sexual abuse. The PREA 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. All of the residents interviewed answered "no" when asked if they had, or if they believed another resident had reported sexual abuse or harassment at St. Louis City Juvenile Detention Center.</p> <p>115.373 (d) St. Louis City Juvenile Detention Center policy does follow provision 115.373 (d):</p> <p>#5 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:</p> <ol style="list-style-type: none"> 1. The agency learns that the alleged abuser has been indicted on a charge related to the sexual abuse within the facility; or 2. The agency learns that the alleged abuser has been convicted on a charge related to the sexual abuse within the facility. <p>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 of sexual abuse during the past 12 months.</p> <p>Following interviews and documentation reviews the Auditor determined the facility to be in compliance with requirements of standard 115.373 (a-e)</p> <p>Corrective Action Required: None</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

- PAQ
- St. Louis City Juvenile Detention Center Policy #12 - PREA
- Student Files (to determine if related disciplinary action was issued)
- Staff Files (to determine if related disciplinary action was issued)

Interviews included:

- Assistant Superintendent / PREA Coordinator
- Superintendent
- Human Resources Manager
- Random Staff

Site Review / Observations: N/A

Provisions:

115.376 (a) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy #12 page 7 #1 states, "Disciplinary sanction for staff per PREA Standard 115.376 states staff should be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies."

115.376 (b) Policy #12 page 7 #2 states Termination should be 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 (c) St. Louis Juvenile Detention Center policy is written in accordance with the provision of this PREA standard (115.373 c). It states, "disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Interviews of the Chief Juvenile Officer, Superintendent, and Assistant Superintendent revealed this statement would be enforced if and when there is a serious policy violation by staff.

115.376 (d) Key staff interviews showed they were 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.

	<p>During the on-site phase of the audit, The PREA Auditor reviewed staff files, including disciplinary actions. Documents reviewed showed one disciplinary action for violating the agency's PREA related policies. The Human Resources / Business Manager confirmed one termination in the past 12 months related to violations of the agency's Zero Tolerance Policy.</p> <p>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)</p> <p>Corrective Action Required: None</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center Policy #12 - PREA • Student Files • Staff Files <p>Interviews included:</p> <ul style="list-style-type: none"> • Human Resources / Business Manager • Assistant Superintendent • Superintendent • Agency Head <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.377 (a) Included in St. Louis City Juvenile Detention Center policies (Human Resources and PREA policies) is language that if contractors and volunteers engage in sexual abuse, the facility</p> <ul style="list-style-type: none"> • Prohibits the contractor or volunteer from having any contact with facility youth; and • Reports the finding of abuse to any relevant licensing bodies.

	<p>During staff interviews with the Assistant Superintendent and the Human Resources /Business Manager, the PREA Auditor asked both staff members to explain what they would do if they received an allegation of sexual abuse or sexual harassment by a contractor or volunteer. Both staff said they would call law enforcement and report the information to the facility administrator.</p> <p>There were no reports of sexual abuse or sexual harassment from a contractor in the past 12 months.</p> <p>115.377 (b) St. Louis City Juvenile Detention Center conducts 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.</p> <p>The facility meets the requirements of standard 115.377 (a-b).</p> <p>Corrective Action Required: None</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in the making the compliance decision: Documents reviewed included: St. Louis City Juvenile Detention Center Policy #12 PREA St. Louis City Juvenile Detention Center Policy #32 - Disciplinary System Student Files Staff Files Interviews included: Assistant Superintendent Mental Health Staff Random Staff Random Residents</p> <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.378 (a-b) Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. The St. Louis Juvenile Detention Center discipline policies related to rule violations. Sanctions are directly related to the offense the resident is involved in. Resident on resident sexual abuse and sexual harassment rises to the level of a crime and the sanctions are much</p>

different.

According to the Assistant Superintendent and the Shift Supervisors interviewed, the facility does not practice isolation as a form of punishment, however a resident may need to be moved or transferred to another facility during an investigation. 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. In the last 12 months there were no allegations of sexual abuse or sexual harassment, therefore 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) The St. Louis City Juvenile Detention Center Clinical Director, resident handbook and discipline policies acknowledge the disciplinary process considers a resident's psychological disabilities and mental diagnosis. Any sanction should be appropriate to the individual assessed needs of the resident.

115.378 (d) During interviews of the Assistant Superintendent and Clinical Director both staff explained the facility offers therapy offer youth abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility may require participation in such counseling 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) St. Louis City Juvenile Detention Center resident handbook states residents cannot get in trouble for filing a grievance. Furthermore, policy 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 does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) St. Louis City Juvenile Detention Center prohibits sexual contact between residents. All sexual contact is subject to disciplinary action. In Random Staff interviews, 10 of 10 randomly selected 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.

As a result of the interviews and documentation reviews the facility was found to meet the requirements of standard 115.378 (a-g)

	Corrective Action Required: None
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center PREA Policy #12 • SAVAC (Sexual Assault Victim Assailant Checklist) • Resident Files • Staff Files <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent • Clinical Director • Medical and Mental Health Staff • Intake Staff • Random Staff <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.381 (a) Upon intake all residents are screened pursuant to § 115.341. According to the intake staff, Assistant Superintendent, and Clinical Director, 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 a few days of the intake screening. When asked, during staff interviews, the protocol and timeline for follow up meetings following disclosure of sexual victimization the intake staff and the therapist reported they would refer a youth immediately and the youth would be seen asap by an on-site therapist. As further support for the facilities compliance with this standard, the detention Operating Manual states that if the screening for abusiveness and victimization indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth follow-up meeting with the facility clinical staff.</p>

	<p>The PREA Auditor reviewed SAVAC examples of each youth interviewed and found the documentation to be in compliance with 115.381.</p> <p>115.381 (b) During their staff interviews both the Assistant Superintendent and Clinical Director explained that if the screening pursuant to §</p> <p>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. There were no allegations of sexual abuse or harassment during the past 12 months. The PREA Auditor reviewed resident files, including intake screening and mental health documents, and found no evidence of non-compliance with this standard.</p> <p>115.381 (c) Any confidential resident information shared with staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Information about prior victimization or if a resident has previously perpetrated sexual abuse, in or out of an institutional setting was shared on a need-to-know basis. During the casual conversation conducted with staff and students while completing the on-site facility tour and in structured on-site interviews, The PREA Auditor was able to ask what information was shared with whom. No violations of standard 115.381 (c) were observed or discovered during the on-site interviews, file audits, or tour.</p> <p>115.381 (d) Interviews of the medical and mental health staff showed the medical and mental health practitioners 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. Because the facility is a Juvenile Detention Center, the PREA Auditor confirmed the staff understood they were mandated child abuse reporters.</p> <p>The facility was found to be in compliance with 115.381 (a-d) following interviews with key staff, resident records review, and facility observations.</p> <p>Corrective Action Required: None</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

- St. Louis City Juvenile Detention Center Policy #12 - PREA
- Resident Files
- Staff Files

Interviews included:

- Assistant Superintendent / PREA Compliance Manager
- Medical and Mental Health Staff
- SANE Nurse
- Hotline Representative
- Intake Staff
- Random Staff

Site Review / Observations: N/A

Provisions:

115.382 (a) According to St. Louis City Juvenile Detention Center Policy #12 page 7 #6, Alleged victims of sexual offense shall immediately be referred to medical services for medical assessment and/or treatment or a hospital if the medical unit is not available. Medical staff explained alleged victims of 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 Cardinal Glennon Hospital or St. Louis Children's Hospital where SANE forensic services are available.

115.382 (b) St. Louis Juvenile Detention Center does have qualified medical (nursing) staff on duty. If the mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders take preliminary steps to protect the victim pursuant to § 115.362. This was confirmed in the staff interviews. All randomly selected staff interviewed could explain the preliminary steps to protect the victim of sexual abuse. The 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.

115.382 (c) St. Louis City Juvenile Detention Center PREA Policy states that resident victims of sexual abuse are offered timely information about and timely access to medical care in accordance with professionally accepted standards of care, where medically appropriate. In the Assistant Superintendents interview, he explained 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. In her interview, the hospital SANE nurse confirmed the information on services would include contraception and sexually transmitted infection prophylaxis. Both the SANE Nurse and the Assistant Superintendent reported that there were zero allegations of sexual abuse and zero

	<p>allegations of sexual harassment in the past 12 months. There were no residents who reported abuse; therefore, the PREA Auditor could not ask residents who had reported abuse what information they received or what treatment they were offered after what happened to them.</p> <p>115.382 (d) During interviews the Assistant Superintendent, hospital SANE nurse, 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.</p> <p>Based on the information received through staff interviews, facility tours, and file reviews the facility was found in compliance with standard 115.382 (a-d).</p> <p>Corrective Action Required: None</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center PREA Policy #12 • Resident Files <p>Interviews included:</p> <ul style="list-style-type: none"> • Clinical Director • Assistant Superintendent / PREA Compliance Manager • Medical and Mental Health Staff • Intake Staff • Random Staff <p>Site Review / Observations:</p> <ul style="list-style-type: none"> • Observation of facility wall postings and brochures <p>Provisions</p> <p>115.383(a) The St. Louis Juvenile Detention Center PREA & Juvenile Rights Policy</p>

(page 7-8) lists the procedure for a sexual abuse victim and/or perpetrator to be offered 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. Observations while on the facility tour included posters and brochures that residents could easily access. Information available included toll free, anonymous, and confidential phone numbers included the Hotline number 1 (800) 392-3738.

During the interviews of the mental health and medical staff both the Clinical Director and Nurse appropriately explained the facility process to follow up and offer services to residents that have been victimized by sexual abuse.

115.383(b) 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. Resources for residents of St. Louis City Juvenile Detention Center include Cardinal Glennon Children's Hospital, Children's Advocacy Services, and on-site services from facility medical and mental health staff. Because there were no reports of sexual abuse or sexual harassment, The PREA Auditor was unable to interview any residents that had made a report and may need follow up services, etc. because none of the residents present had reported sexual abuse or harassment.

115.383 (c) The facility PREA Policy states that the facility provides sexual assault and harassment victims with medical and mental health services consistent with the community level of care. When interviewed the medical and mental health staff stated the medical and mental health services are consistent with the community level of care. The Clinical Director demonstrated the PREA training medical and mental staff complete to show their understanding of the resident needs in the facility. During interviews with the Police and the Hospital Forensic Unit staff a community team approach was clear.

115.383 (d,e,f) Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests at Cardinal Glennon Children's Hospital as part of the SANE process. The Forensic Unit Supervisor at the hospital confirmed that offering 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 Assistant Superintendent, facility Clinical Director, and the Forensic Unit Supervisor at the hospital the residents at St. Louis City Juvenile 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) St Louis City Juvenile Detention Center policy states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident

	<p>abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Clinical Director was interviewed and confirmed the mental health staff do conduct mental health evaluations and either offer treatment or ensure the resident is provided treatment from an outside resource upon learning of such abuse history.</p> <p>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).</p> <p>Corrective Action Required: None</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center PREA Policy #12 • Resident Files • Critical Incident Review Form <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent • Clinical Director • Metropolitan Police Department • Incident Review Team Members <p>Observations included: None</p> <p>Provisions:</p> <p>115.386 (a,b) In accordance with St. Louis City Juvenile Detention Center Policy #12 (page 9 I.3), the PREA Coordinator conducts a sexual abuse incident review at the conclusion of each sexual abuse investigation, including where the allegation has not been substantiated. The review should be conducted within 30 days and must consider a range of factors, including whether the allegation or investigation indicates needed policy or practice changes.</p> <p>There was one substantiated sexual harassment incident and investigation, but there were no allegations of sexual abuse or sexual harassment in the past 12</p>

months therefore there were no incident review team meeting minutes.

115.386 (c) Per facility policy #12 page 9, the facility incident review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The St. Louis Juvenile Detention Center incident review team consists of the following individuals:

- Chief Juvenile Officer
- Superintendent
- Assistant Superintendent
- Facility Supervisors
- Mental Health and Medical Staff

Interviews of the Metro Police Department and the Forensic Unit Supervisor at the Hospital 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 they understand they are responsible to:

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

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

115.386 (e) St. Louis Juvenile Detention Center Policy #12 (page 9 Section I.3) states incident review committee "recommendations for corrective action shall be implemented or reasons for not doing so shall be documented. There were no investigations or reported incidents, therefore there were no recommendations for improvement.

Based on the information received through staff interviews, interviews with review team members, facility tours, and policy review the facility

	<p>was determined to be in compliance with standard 115.386 (a-e).</p> <p>Corrective Action Required: None</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis City Juvenile Detention Center PREA Policy #12 <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent / PREA Compliance Manager • Superintendent <p>Observations included:</p> <ul style="list-style-type: none"> • www.dss.mo.gov (search: reports) • Office of State Courts Administrator PREA Data <p>Provisions:</p> <p>115.387 (a) St. Louis City Juvenile Detention Center Policy #12 addresses Data Collection and Storage. The Superintendent is responsible for collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The agency Missouri Division of Youth Services collects data for all DYS facilities.</p> <p>115.387 (b) The St. Louis City Juvenile Detention Center Assistant Superintendent reported that they would review, collect, aggregate and report all data if the facility had any allegations of sexual abuse or sexual harassment. He acknowledged to PREA Auditor, such 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.</p> <p>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</p>

	<p>the survey as necessary.</p> <p>115.387 (d) The PREA Auditor was able to find and review incident-based 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. The facility did submit their annual OSCA PREA reports for inclusion in the overall annual state reports.</p> <p>115.87 (e) St. Louis Juvenile 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.</p> <p>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.</p> <p>Based on the information received through staff interviews, interviews with review team members, facility tours, and file reviews the facility was in compliance with standard 115.387 (a-f).</p> <p>Corrective Action Required: None</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <ul style="list-style-type: none"> • St. Louis Juvenile Detention Center PREA Policy #12 <p>Interviews included:</p> <ul style="list-style-type: none"> • Assistant Superintendent • Superintendent <p>Site Review / Observations:</p> <ul style="list-style-type: none"> • Agency web page: http://www.dss.mo.gov/dys/

Provisions:

115.388 (a) The agency PREA Compliance Manager, when interviewed, explained that he prepared 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 and only one sexual harassment incident in the past 12 months. St. Louis Juvenile Detention Center information is included in the overall agency OSCA PREA reports completed by DYS.

St. Louis City Juvenile Detention Center did review data that was 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. There was one isolated incident of sexual harassment in the past 12 months. The investigation was completed despite the staff member resigning and not returning to the facility.

115.388 (b) St. Louis Juvenile City Detention Center did complete an annual OSCA PREA data report. It included a comparison of the current year's data but no corrective actions with those from prior years and provided an assessment of the agency's progress in addressing sexual abuse and harassment. There were no incidents reported in the prior year to compare data with.

115.388 (c) St. Louis City Juvenile Detention Center did complete an annual report because there were no allegations of sexual abuse or harassment. The Assistant Superintendent stated he prepared the data for the annual report approved by the agency head and made readily available to the public through the state agency website. All of the facility sexual assault and sexual harassment data is submitted to the state agency and aggregated with all DYS youth facilities.

115.388 (d) St. Louis Juvenile Detention Center did complete an OSCA data report that was included in the statewide agency annual PREA Report. The annual report does 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.

Based on a review of the agency web site, a review of policy #12, and interviews of the Assistant Superintendent and Superintendent, and the fact the facility PREA incident data is included in the DYS Agency Annual Report, the facility was determined to be in compliance with 115.388.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Documents reviewed included:

- St. Louis City Juvenile Detention Center PREA Policy #12

Interviews included:

- Assistant Superintendent

Site Review / Observations:

- Agency web page: <http://dss.mo.gov/dys/>

Provisions:

115.389 (a) St. Louis City Juvenile Detention Center Policy #12 (page 8) addresses record keeping and storage. The facility collects and retains sexual abuse and sexual harassment data pursuant to § 115.387. While on tour The PREA Auditor confirmed all records at the facility are stored in a secure and confidential manner. This is achieved through the use of a double lock system - the file room door is locked and the cabinet where the files are stored is also locked.

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 PREA Auditor confirmed there were no allegations of sexual Abuse and one substantiation of sexual harassment during the past 12 months.

115.389 (c) The annual aggregated data report on PREA related incidents is completed by the state agency. STLCJDC submits an annual OSCA report of sexual abuse and harassment with all personal identifiers removed before making aggregated sexual abuse data publicly available. A review of the DYS annual report showed the agency meets this standard.

115.389 (d) The Division of Youth Services policy for sexual abuse document and data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless otherwise required by other applicable laws.

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
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility was in compliance with standard 115.401 as a result of the following:</p> <p>115.401 (a & b). The facility was previously audited in accordance with PREA standards. This audit was three years from the last PREA Audit.</p> <p>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.</p> <p>115.401 (i). The PREA Auditor was permitted to request and did receive copies of any relevant documents.</p> <p>115.401 (m). The PREA Auditor was permitted to conduct private interviews of residents and staff.</p> <p>115.401 (n). A copy of the upcoming audit, with auditor 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.</p> <p>Based on the information reviewed above, the facility was found in compliance with PREA Standard 115.401.</p> <p>Corrective Action Required: None</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>115.403 (f) The St. Louis City Juvenile Detention Center PREA Audit Reports are available to the public. The St. Louis City Juvenile Detention Center was audited in 2022. The dates of the facility visit were March 7-8, 2022. A Final PREA Audit Report was issued on April 22, 2022.</p>

	<p>The April 22, 2022, report is posted on the State of Missouri Department of Social Services website.</p> <p>The facility meets the requirements of standard 115.403 (f).</p> <p>Corrective Action Required: None</p>
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

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

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

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

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

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

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

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes