

PREA Facility Audit Report: Final

Name of Facility: Bruce Normile Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/22/2025

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: Mable P. Wheeler

Date of Signature: 05/22/2025

AUDITOR INFORMATION

Auditor name: Wheeler, Mable

Email: wheeler5p@hotmail.com

Start Date of On-Site Audit: 03/10/2025

End Date of On-Site Audit: 03/11/2025

FACILITY INFORMATION

Facility name: Bruce Normile Juvenile Justice Center

Facility physical address: 1400 South Boundary Street, Kirksville, Missouri - 63501

Facility mailing address: 1400 S Boundary Street, Kirksville,

Primary Contact

Name:	Misty Goings
Email Address:	misty.goings@courts.mo.gov
Telephone Number:	6606654224

Superintendent/Director/Administrator	
Name:	Michelle Curry
Email Address:	michelle.curry@courts.mo.gov
Telephone Number:	6606654224

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

Facility Characteristics	
Designed facility capacity:	14
Current population of facility:	8
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-17
Facility security levels/resident custody levels:	Maximum
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	2nd Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	106 West Washington Street, Kirksville, Missouri - 63501
Mailing Address:	
Telephone number:	6606654224

Agency Chief Executive Officer Information:	
Name:	Michelle Curry
Email Address:	Michelle.Curry@courts.mo.gov
Telephone Number:	(660) 665-4224

Agency-Wide PREA Coordinator Information

Name:	Misty Goings	Email Address:	misty.goings@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:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:

2025-03-10

2. End date of the onsite portion of the audit:

2025-03-11

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?

☒ Yes

☐ No

<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>The Auditor placed a call to the State of Missouri child abuse hotline at 1-800-392-3738. Upon dialing, an automated message played: "Welcome to the State of Missouri Child Abuse Hotline. Press 2 if you are an adult. Press 1 if you are a mandated reporter. To report an emergency situation, press 1. For a non-emergent report, press 4." While waiting for an operator, additional online reporting instructions were provided. The holding system offered a call-back option. However, if the recipient missed the call-back, the message emphasized the importance of returning the call. While on hold, repeated messages advised callers to hang up and dial 911 for emergencies before calling the hotline again.</p> <p>The Auditor contacted the Rainbow House Regional Child Advocacy Center, located at 1611 Towne Drive, Columbia, MO 65202, via phone at 573-474-6600. The Rainbow House explained that the center would provide advocacy services to youth through forensic examinations and continue offering support for as long as needed. The Auditor also contacted Just Detention, no information was available.</p> <p>The Auditor also contacted Just Detention, no information was available.</p>
<p>AUDITED FACILITY INFORMATION</p>	
<p>14. Designated facility capacity:</p>	<p>14</p>
<p>15. Average daily population for the past 12 months:</p>	<p>6</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>3</p>

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:	4
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):	The facility housed four residents at the time of the onsite visit. Each resident was interviewed, and none exhibited targeted characteristics.

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:	15
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:	1
32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility reported on the PAQ that two contractors and one volunteer are approved to enter the facility.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	The facility housed just four residents, all of whom were selected for interviews.
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility housed just four residents, all of whom were selected for interviews.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
37. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	The facility housed just four residents, all of whom were selected for interviews.
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):	The facility housed just four residents, all of whom were selected for interviews.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0

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".

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:

☒ 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.

☐ 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).

The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.

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:

0

41. 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.
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).	The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.
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:	0
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).	The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.
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

<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.</p>
<p>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:</p>	<p>0</p>

<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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>	<p>The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.</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:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility housed only four residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The facility housed only six residents, all of whom were selected for interviews. None of the residents exhibited the specific targeted characteristics.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	8

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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 text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
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 checked="" type="radio"/> Yes <input type="radio"/> No <input 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 type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
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="" 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 facility had 15 staff, and four files were reviewed using the PREA Audit Juvenile File Review for Employee/Juvenile Files.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

The facility maintains a record of zero sexual abuse allegations, reflecting their unwavering commitment to safety, respect, and the well-being of all individuals under their care.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	The facility maintains a record of zero sexual abuse allegations, reflecting their unwavering commitment to safety, respect, and the well-being of all individuals under their care.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input 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:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility maintains a record of zero sexual abuse allegations, reflecting their unwavering commitment to safety, respect, and the well-being of all individuals under their care.

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

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

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

CCMG

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>Document Review:</p> <ol style="list-style-type: none"> Bruce Normile Juvenile Justice Center PAQ Bruce Normile Juvenile Justice Center Standing Operation Procedure, 17.1 PREA Policy and Definitions, dated 4.1.2021 Agency Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> Random residents Random staff Detention Superintendent/PREA Coordinator <p>Through interviews with residents and staff and review of resident and staff files, it was evident that this facility interweaves requirements for this standard in their daily protocol. Both residents and staff could speak to the facility PREA practices and protocols being used as is described in the agency Residents interviewed spoke to PREA being explained to them on the day or next day after admission,</p>

understanding zero tolerance for sexual harassment and abuse, reporting to staff, filing a grievance which they can get in the classroom and place in the classroom grievance box, telling their Juvenile Officer and calling the hotline.

Site Review Observation:

During the tour of the facility, this Auditor noticed Zero Tolerance, Advocate and PREA Audit postings throughout the facility. Camera placement throughout the facility and recreation area, and no blind spots were noted. The facility has three Day rooms, A, B, and C. Each Day room has five individual cells with a single use shower that has a PREA curtain, blocking view of a resident while showering. Each individual cell has a toilet and sink. When residents are in a Day room and one resident needs to toilet, all residents are placed in their rooms to ensure voyeurism doesn't exist. When residents are done toileting staff are made aware through a buzzer pressed in the residents' rooms. The facility has a Control Room situated in the center of the Day rooms where the facilities' 28 cameras are monitored. All cameras were found to be operable, and none had a zoom or rotating function. Cameras could not see into resident rooms or showers.

Provisions:

115.311

(a) The Bruce Normile Juvenile Justice Center PAQ states the Bruce Normile Juvenile Justice Center Standing Operation Procedure, 17.1 PREA Policy and Definitions, mandates zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract.

Bruce Normile Juvenile Justice Center Standing Operation Procedure, 17.1 PREA Policy and Definitions, page 1, section Policy, states, "Bruce Normile Juvenile Justice Center Secure Detention Unit is committed to a zero- tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within the Juvenile Center. This policy provides the facilities approach to preventing, detecting, and responding to such conduct."

(b) The agency employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator demonstrates she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is in the agency organization chart, who reports to the Chief Juvenile Officer.

The facility provided the Agency organizational chart. The organizational chart demonstrates that the PREA Coordinator is an upper-level, agency wide PREA Coordinator who also functions as the JDAI Site Coordinator.

(c) The Bruce Normile Juvenile Justice Center PAQ states the facility does not have a PREA Coordinator. The 2nd Circuit – Bruce Normile Juvenile Justice Center has only one facility.

	<p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Contract for Services, Missouri Department of Social Services <p>Interview:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Prevision:</p> <p>115.312</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the State of Missouri, Department of Youth Services contracts with the Bruce Normile Juvenile Justice Center.</p> <p>The Contract for Services, Missouri Department of Social Services, page 3, section 3.4.1, states, "The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.) and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by state agency."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

115.313	Supervision and monitoring
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	<div data-bbox="280 118 981 152" data-label="Section-Header"><p>Auditor Overall Determination: Meets Standard</p></div> <div data-bbox="280 197 564 230" data-label="Section-Header"><p>Auditor Discussion</p></div> <div data-bbox="280 275 1455 2067" data-label="Text"><p>Document Review:</p><ol style="list-style-type: none">1. Bruce Normile Juvenile Justice Center PAQ2. Deviation documentation for months January 2024 – December 20243. Bruce Normile Juvenile Justice Center Staffing Plan, dated 20244. Staffing Plan Annual Evaluation, dated 20235. Staffing Plan Annual Evaluation, dated 20226. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.3 Supervision and Monitoring, dated 7/20247. Unannounced Rounds – Unannounced Program Visit for BNJJC Secure Detention Unit<p>Interviews:</p><ol style="list-style-type: none">1. Supervisors2. Detention Superintendent/PREA Coordinator<p>Staff and residents interviewed could attest to supervisory staff conducting rounds each day; however, unannounced rounds are completed by the Detention Superintendent on a quarterly basis. Many of the staff interviewed stated they are rovers who can be scheduled to work any shift on any day of the week. The facility has 14 beds and ratios during waking hours are typically three staff to the resident population and two staff working the overnight shift. Proper staff to resident ratios were witnessed throughout the on-site portion of the audit.</p><p>Site review observation:</p><p>During the tour the Auditor witnessed three staff to four residents. Youth were observed in education.</p><p>Provisions:</p><p>115.313</p><p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The average daily number of residents is six and the staffing plan was predicated on 14 residents.</p><p>The facility provided a Bruce Normile Juvenile Justice Center Staffing Plan. The staffing plan encompasses the following:</p><ol style="list-style-type: none">1. Generally accepted juvenile detention and correctional/secure residential practices with minimal staff to resident rations of 1:8 during waking hours and 1:16 during sleeping hours.2. Any judicial finding of inadequacy – which of none have been founded.</div>
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3. Any findings of inadequacy from federal investigative bodies – which of none have been found.
 4. Any findings of inadequacy from internal or external oversight bodies – which of none have been found.
 5. All components of the program’s physical plant to include a comprehensive table of all camera placement.
 6. The composition of the resident population (i.e. gender ratios, risk/need of residents, physical size, Sexual Aggressive Behavior (SAB), Vulnerability to Victimization (VV).
 7. The number and placement of supervisory staff: 1-unit housing unit up to 14 residents.
 8. Programs occurring on a particular shift: Bruce Normile Juvenile Justice Center has adequate staff to monitor all programming on the unit and 28 cameras for additional monitoring.
 9. Any applicable State or local laws, regulations or standards of which requirements mirror PREA ratios.
 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse: in the past 12 months Bruce Normile Juvenile Justice Center has had 0 allegations of sexual abuse.
 11. Any other relevant factors: At this time, there have been no other relevant factors identified to effect adequate supervision and monitoring of residents at Bruce Normile Juvenile Justice Center.
- (b) The Bruce Normile Juvenile Justice Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility did not have any deviations from the required ratios of their staffing plan.
- The facility provided staffing plan deviation documentation from:
- January 2024 – December 2024
- Each deviation from the staffing plan documents the date of the deviation, hours of the deviation, reason for the deviation and comments. All deviations took place on the 11:00 pm – 7:00 am shift, for the following reasons:
- Vacant positions
 - Vacation
 - Illness
 - Training
- (c) The Bruce Normile Juvenile Justice Center PAQ states the facility is mandated by

regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios. Although the facility submitted deviation documentation, the deviation existed for a short period of time until a supervisor could report to duty to ensure one male, and one female were on shift. The 1:16 ratio was not out of compliance.

(d) The Bruce Normile Juvenile Justice Center PAQ states the staffing plan is reviewed annually, in collaboration with the PREA Coordinator.

The facility provided staffing plan annual evaluations from 2023 and 2024. Annual evaluations demonstrate the following areas are assessed:

- The current staffing plan is in place.
- Generally accepted juvenile detention and correctional/secure residential practices.
- Any judicial findings of inadequacy.
- Any findings of inadequacy from Federal investigative agencies.
- Any findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant (including 'blind spots' or areas where staff or residents may be isolated).
- The composition of the resident population (both male and female residents are accounted for).
- The number and placement of supervisory staff (three supervisors on each shift).
- Institution programs occurring on a particular shift.
- Any applicable State or local laws, regulations or standards (everything being followed)..

(e) The Bruce Normile Juvenile Justice Center PAQ states unannounced rounds are conducted by intermediate or higher-level staff to identify and deter staff sexual abuse and sexual harassment.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.3 Supervision and Monitoring, page 1, section A. 1. a, states, "Intermediate-level or high-level staff will conduct unannounced rounds to identify and deter staff sexual abuse and/or sexual harassment."

The facility provided unannounced rounds, documented on an Unannounced Program Visit for BNJJC Secure Detention Unit form. The form documents the following information:

- Date/time
- Observer Name/Title
- Observation check boxes for each of the following areas:

	<ul style="list-style-type: none"> • Youth routine being followed? • Group location • Youth interaction with staff is appropriate. • Youth/groups spilt up – are they spilt up in dorm or different areas of the building? • Youth hygiene is appropriate. Are there changes in youth’s hygiene/appearances? • Staffing requirements are being followed. • Staff positioning within the group is appropriate, and there is visible use of awareness supervision. • Check made for blind spots or areas outside of security camera. • Physical plant – cleanliness and tidiness, are things were they should be. • Appropriate staff youth relationships and healthy boundaries are evident. • Are there sudden changes in youth mood or behavior? • Summary of the visit <p>Rounds appear to be completed by the Chief Juvenile Officer or the Superintendent.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 Limits to Cross Gender Viewing, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.11 Reporting, dated 7/2024 4. Yearly Training Agreement, not dated 5. Bruce Normile Juvenile Justice Center Standing Operating Procedure, 3.8 Court Operating Rule – Personnel Management, dated 7/2024 6. Bruce Normile Juvenile Justice Center Standing Operation Procedure 11.7 Security and Control, dated 7/2024 7. Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report 8. Bruce Normile Juvenile Justice Center Standing Operation Procedure 7.2 Provision for personal grooming and dress <p>Interviews:</p>

1. Random residents
2. Random staff / All Intake staff
3. Supervisors
4. Detention Superintendent/PREA Coordinator

This facility did not have any targeted residents at the time of the audit. A review of population data for the last (12) months demonstrated only two gay residents had been in the program during the last year. All residents were interviewed and reported their searches were done respectfully and staff told them what they were doing before they searched a particular area of their bodies or clothes throughout the search process. Staff interviewed reported the facility does pat searches once intakes are down to one layer of clothes. Staff also reported strip and cross gender searches are prohibited by policy 11.7. No staff interviewed has completed a cross-gender strip search. The Auditor did report many staff were unsure of how to search a transgender; however, each staff interviewed stated they would call a supervisor before proceeding.

Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. Training files demonstrated 100% of staff had been trained in cross gender strip searches. Facility records demonstrated staff watch an hour long cross-gender video each year as part of their annual PREA training.

Provisions:

(a) Bruce Normile Juvenile Justice Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 Limits to Cross Gender Viewing, page 1, section

A. 1., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall never conduct cross gender viewing and searches as stated in Policy and Procedure Section 3.8, which meets those requirements established in the PREA standard 115.315. Training is conducted for Transgender searches and search procedures are determined case by case."

Bruce Normile Juvenile Justice Center Standing Operating Procedure, 3.8 Court Operating Rule – Personnel Management, page 1, section Procedure, states, "There shall be a minimum of 3 staff always working on the detention side to provide continuous supervision of the juveniles. There will be at least 1 male and 1 female staff working on each shift to be available for both genders of residents. In addition, a supervisor is on call 24/7 if additional assistance as needed. Cross gender pat downs, shower supervision, or other hygiene practices or needs are prohibited. Only

same gender pat downs, shower supervision and other hygiene practices or needs are allowed.”

(b) Bruce Normile Juvenile Justice Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches absent exigent circumstances. Policy compliance can be found in provision (a) of this standard.

(c) Bruce Normile Juvenile Justice Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Documentation of cross-gender searches will be documented on an incident report.

The facility provided a Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report. This report would be used to document cross-gender strip or cross-gender visual body cavity searches in exigent circumstances.

(d) Bruce Normile Juvenile Justice Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policy compliance can be found in provision (a) of this standard.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.4 PREA Policy – Limits to Cross Gender Viewing and Searches, page 1, section A. 1., states, “Limits to cross-gender viewing and searches. Bruce Normile Juvenile Justice Center Secure Detention Unit shall never conduct cross gender viewing and searches as stated in Policy and Procedure Section 3.8, which meets those requirements established in the PREA standard 115.315. Training is conducted for Transgender searches and search procedures are determined case by case. All staff announce themselves upon entry into a dayroom. “

Bruce Normile Juvenile Justice Center Standing Operation Procedure 7.2 Provision for personal grooming and dress, page 3, section G., states: “Announcing Entry: All staff will announce their presence upon entering the day room.”

(e) The Bruce Normile Juvenile Justice Center PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. There have been zero such searches in the last 12 months.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 11.7 Security and Control, page 4, section I. A., states, “Body cavity search of the anal or genital area are only conducted if the court order the search and are conducted by a licensed medical professional. Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.”

	<p>(f) The Bruce Normile Juvenile Justice Center PAQ states 100% of security staff receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.</p> <p>The facility provided a Yearly Training Agreement. The ninth bullet on the agreement states, “How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. (TRACKS Webinar: GLBT Youth in Juvenile Center-JDEC-FY13-JTT, LGBTI Manual Cross Gender Pat Down/Transgender Pat Down Video.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.5 Residents with Disabilities and/or Limited English Proficient, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 2.14 Limited English Proficiency 4. Juvenile PREA Intake Orientation Acknowledgment, not dated 5. Office of State Courts Administrator, Foreign Language Interpreters Contract 6. Office of State Courts Administrator, International Language Center <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Shift Supervisor 3. Detention Superintendent/PREA Coordinator <p>During interviews with staff each stated residents were not used for translation services. Staff interviewed demonstrated that each would contact OSCA, the interpreter service the facility contracts with for services. Staff interviewed spoke to having a PREA Binder in the Control Area where the phone number to OSCA was located.</p> <p>There were no LEP residents during the on-site visit to interview.</p>

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has established procedures to provide disabled residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.5 Residents with Disabilities and/or Limited English Proficient, page 1, section 1. a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment."

Bruce Normile Juvenile Justice Center Standing Operation Procedure 2.14 Limited English Proficiency, page 1, section Procedure, states, "Bruce Normile Juvenile Justice Center will ensure that juveniles with limited English Proficiency will have services available to them as needed. The Intake Packet, Manuals and quizzes have been translated to Spanish and French."

The facility provided a Juvenile PREA Intake Orientation Acknowledgement. The opening paragraph states, "I will read this out loud and if you have any question please ask after each statement. Once you understand what each statement is saying we will both initial next to it. We do this form with everyone, and we take your safety and the safety of others very seriously." The form has two columns next to each statement, one for Juvenile initials and one for staff initials. The final statement states, "If no further questions, please sign that you understand and will help us keep our center safe."

(b) The Bruce Normile Juvenile Justice Center PAQ states the agency has established procedures to provide residents with limited English equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.

(c) The Bruce Normile Juvenile Justice Center PAQ states the agency prohibits the use of resident interpreters. In the last 12 months the facility has had zero instances where residents were used as interpreters.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.5 Residents with Disabilities and/or Limited English Proficient, page 1, section 1. b., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall not rely on youth interpreters, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety."

	<p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 2.14 Limited English Proficiency, page 1, section Procedure, states, "A telephone interpretation service has been provided to the center as well from Children's Division."</p> <p>The facility provided PREA auditor Access to Interpreter Services Email Communication. This email is from Jay Rodieck from the Missouri Court and has been sent to staff to include the PREA Coordinator. The email states, "I have spoken to LR (OSCA Administrative Services) who confirmed that OSCA will reimburse for the use of an interpreter for all delinquency hearings, but also when the youth is being interviewed, and rights need to read as well as detention intake for rights and information.</p> <p>This is to ensure full and equal access to information involving situations where there is freedom of liberty issue. Due to unscheduled times in which the youth may need an interpreter, there is a Language Line Solution that can be accessed 24/7.</p> <p>You are encouraged to set up an account so you will access when needed. All information that you may need is posted on CIC through the Topics tab and then Access to Justice. I have attached a link. https://www.courts.mo.go/page.jsp?id=564-26.</p> <p>The facility provided an Office of State Courts Administrator, Foreign Language Interpreters Contract. This contract is for language services for the period of one year for various locations throughout the State of Missouri.</p> <p>Office of State Courts Administrator and International Language Center This contract is for language services for the period of one year for various locations throughout the State of Missouri.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, dated 7/2024

3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 3.2 Employment background investigation checks
4. Missouri Department of Social Services Application for Employment
5. BNJJC Addendum to the Application and Reference Check Form

Interviews:

1. Human Services Manager

Interviews with the Human Services Manager demonstrated applicants determined to have been convicted of a crime against a person were screened out during the application review process. Additionally, applicants who were terminated in past institutions for sexual abuse and or sexual harassment were not considered for employment or promotion.

Site Review Observation:

Review of 10 staff personnel files demonstrated 100% compliance with each area of the PREA Audit – Juvenile Facilities Documentation Review – Employee File/Records. The facility practice is to complete background checks at hire and every five years thereafter. The facility practice is to complete child abuse registries at hire, when an employee applies for an internal promotion and every year. Adjudication questions are asked during the application, interview and hiring process. File review demonstrated zero staff worked at a past institution; however, the facility demonstrated the employee completes a blank institutional reference form during the hire process.

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ states the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in or been convicted in or administratively adjudicated in sexual activity described in paragraph (a)(2) of this standard.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 1, section 1. a-c., states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who;

a). 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);

b). Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

c). Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.”

(b) The Bruce Normile Juvenile Justice Center PAQ states agency policy requires the

consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with residents.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 1, section 2. states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth."

(c) The Bruce Normile Juvenile Justice Center PAQ states Agency policy requires background checks are conducted with all new hires who have contact with residents, consults child abuse registries and makes 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. In the past 12 months' persons hired may have contact with residents who have had criminal background checks was two.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 3., states, "Before hiring new employees who may have contact with youth, the facility shall adhere to Policy and Procedures Section 3.1 and 3.2 Background Checks. Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth."

The facility provided a BNJJC Addendum to the Application and Reference Check Form. Page 5, includes the following questions regarding institutional reference check questions.

1. "Did the applicant indicate that they have previously worked at or volunteered in a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correction facility? If yes, contact the facility and ask the questions below.

Note: If the applicant discloses on the Application of Employment – Division of Youth Services addendum that he/she was found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, or civilly or administratively adjudicated to have engaged in this activity, referred the applicant to the DYS Human Resource Manager for guidance before making a hiring recommendation.

1. The applicant has indicated that they were employed with your facility on the following dates. Are these dates correct?

2. Pursuant to the requirements of Prison Rape Elimination Act (PREA_), while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility If yes, explain the circumstances."

(d) The Bruce Normile Juvenile Justice Center PAQ states the agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 4., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth."

(e) The Bruce Normile Juvenile Justice Center PAQ states the agency requires background checks to be completed every five years. Compliance of this standard is substantiated in provision (b) of this standard.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 5., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall conduct annual criminal background records checks as defined in Policy and Procedures Section 3.1 and 3.2. on current employees, volunteer's/ student practicum's, and contractors who may have unsupervised contact with youth."

(f) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 6, states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall ask prospective employees and promotional candidates about previous misconduct described in paragraph (a) of this section by requiring them to complete the Bruce Normile Juvenile Justice Center Addendum, in addition to the Employment Application. The facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 3.1 and 3.2 .

The facility provided a Missouri Department of Social Services Application for Employment. At the bottom of page one and top of page two, the following questions are asked:

- "While working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of any inmate, detainee, client or resident of the facility?
- Have you been found by a civil or administrative body to have engaged in sexual activity or attempted sexual activity facilitated by force, over or implied threats of form or coercion or if the victim did not consent or was unable to consent or refuse? This includes any actions taken upon a professional license or a professional registry and any internal administrative investigative results."

(g) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 7, states, "Material omissions regarding such

	<p>misconduct, or the provision of materially false information, shall be grounds for termination.”</p> <p>The facility provided a Missouri Department of Social Services Application for Employment. The last portion of the application has applicants certify the information contained in the application is true, to include the following language. Including information pertaining to any report of sexual abuse, sexual contact with or sexual harassment of an inmate, detainee or resident of a prison, jail. Lockup or other correctional facility, (public or private) or report of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to consent.”</p> <p>(h) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.6 Hiring and Promotions, page 2, section 8., states, “Unless prohibited by law, the Bruce Normile Juvenile Justice Center shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. All such request from an institutional employer shall be forwarded to the Court Services Administrator for review and determination.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <p>1. Bruce Normile Juvenile Justice Center PAQ</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the facility has updated the electronic surveillance system since the last PREA audit to detour sexual abuse and enhance safety for youth housed at the facility.</p> <p>Conclusion:</p>

	<p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, dated 7/2024 4. Request to Kirksville Police Department 5. Memorandum of Understanding Bruce Normile Juvenile Justice Center and The Rainbow House <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. Shift Supervisor 4. Detention Superintendent/PREA Coordinator <p>Interviews with all residents and staff interviewed demonstrated all were clearly aware of reporting protocols for sexual harassment and abuse. Residents interviewed were able to speak about the outside advocate, Rainbow House, and the services they offered to them in and outside of the facility. Staff interviewed were able to articulate that all incidents of abuse were reported to the OHI – Out of Home Placement Investigators who decided if the allegation would be investigated by the OHI or the local Kirksville Police Department.</p> <p>Site Review Observation:</p> <p>There were no criminal investigations in the past 12 months. The facility has Rainbow House, outside advocate postings throughout the facility.</p> <p>Provisions:</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility is not responsible for conducting Administrative sexual abuse investigations. The agency/ facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8</p>

Responsive Planning and Investigations, page 1, section 1. a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 2 and Section 3. Bruce Normile Juvenile Justice Center Secure Detention Unit has conveyed the PREA requirements to appropriate external investigating agencies."

Criminal investigations are conducted by Kirksville Police Department and Administrative Investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.

(b) The Bruce Normile Juvenile Justice Center PAQ states the protocol is developmentally appropriate for youth. The protocol was adapted from the most recent edition of the DOJ's Office on Violence Against Women publication.

(c) The Bruce Normile Juvenile Justice Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There have been zero medical exams, SAFE/SANE exams performed in the last 12 months. If a juvenile required a forensic exam, the incident would be documented on a critical incident form after all aspects of the facilities coordinated response were followed. (reference coordinated response in standard 115.365.)

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1. c., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. Bruce Normile Juvenile Justice Center Secure Detention Unit shall document efforts to secure services from rape crisis centers/child advocacy center."

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, page 2, section 2. d., states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(d) The Bruce Normile Juvenile Justice Center PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff or community member.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, page 2, section 2.a., states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and

sexually transmitted infection prophylaxis in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights.”

The facility provided a letter to the Rainbow House, Children’s Emergency Shelter Regional Child Advocacy Center Homeless Youth Program. Although the Center could not agree to sign a Memorandum of Understanding, they have agreed to serve as the location for forensic interviews. The facility provided a Memorandum of Understanding (MOU) Bruce Normile Juvenile Justice Center and The Rainbow House. The MOU requests the following responsibilities of the Rainbow House.

1. The Rainbow House shall be responsible for ensuring that background screenings have been completed for advocates that are assigned to work with BNJJC youth.
2. The Rainbow House shall respond to BNJJC youth who have been the victim of sexual abuse by providing services including emotional support and information referrals.
3. The Rainbow House shall ensure the affected youth’s interests are represented, their wishes respected, and their rights upheld in accordance with PREA standards.
4. The Rainbow House shall maintain the confidentiality of BNJJC youth receiving services; however, the following information must be reported to the BNJJC PREA Site Coordinator/designee:
 - a. A BNJJC youth discloses plans to do harm to self or others;
 - b. A BNJJC youth discloses information that creates concern for the safety and security of the BNJJC site or its staff;
 - c. A BNJJC youth discloses plans to run from custody; or
 - d. A BNJJC youth behaves inappropriately with an advocate.
- 3.5 The Rainbow House shall provide advance notice of non- emergency requests for access to BNJJC youth and meet with the youth during regular business hours except in exigent circumstances as determined by the BNJJC PREA Site Coordinator/designee.
5. The Rainbow House shall respect BNJJC youth requests for an advocate of a particular gender, if possible.
6. The Rainbow House shall assist in the transfer of advocacy services, with the youth’s permission, should the youth transition to a new site.
7. The Rainbow House shall communicate to the BNJJC PREA Site Coordinator/designee the estimated time frame during which services will be delivered, including when a determination is made to terminate services.
8. The Rainbow House shall provide all required services at no cost to BNJJC.
- (e) The Bruce Normile Juvenile Justice Center PAQ states a qualified staff or community member accompanies and supports the victim through the forensic

medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.14 Medical and Mental Health Care, page 2, section 2.b., states, "The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the Detention Superintendent."

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 2, section d., states, "As requested by the victim, the victim's parents/guardian, a victim advocate, or a trained or licensed Bruce Normile Juvenile Justice Center direct care employee such as a Treatment Coordinator or Counselor, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Such services shall be documented on the Critical Incident Review Form."

(f) The Bruce Normile Juvenile Justice Center PAQ states the agency is not responsible for administrative investigations and relies on another agency to conduct criminal investigations. The agency does request provisions a-e of this standard are considered when conducting all investigations. The facility states that criminal investigations are conducted by Kirksville Police Department and administrative investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.

The facility provided a letter to the Kirksville Police Department. The first paragraph of this letter states, "As an agency that is responsible for investigating allegations of sexual abuse, or involved in the investigative process, regarding our residents at the Bruce Normile Juvenile Justice Center, we are mandated to provide you with the following section from the Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape regarding Responsive Planning requirements through the Prison Rape Elimination Act (PREA)."

(h) The agency does not have a qualified agency staff member or a qualified community-based staff member for the purposes of this section.

Conclusion:

The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 1348 539" style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, dated 7/2024 3. BNJJC Program Brochure <p data-bbox="280 580 437 613">Interviews:</p> <ol data-bbox="280 620 943 741" style="list-style-type: none"> 1. Random residents 2. Random staff 3. Detention Superintendent/PREA Coordinator <p data-bbox="280 748 1476 949">Resident and staff interviews demonstrated each can report incidents of sexual abuse and sexual harassment through the grievance process, placing a note or grievance in the grievance box, telling a trusted adult, reporting to staff or utilizing the hotline. Each stated being comfortable reporting incidents of sexual harassment and assault to staff.</p> <p data-bbox="280 990 635 1023">Site Review Observation:</p> <p data-bbox="280 1030 1394 1106">PREA Zero Tolerance, No Touch, and Rainbow House Brochures were witnessed being posted throughout the facility and in the family visiting area.</p> <p data-bbox="280 1146 432 1180">Provisions:</p> <p data-bbox="280 1220 1449 1377">(a) The Bruce Normile Juvenile Justice Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that was received.</p> <p data-bbox="280 1417 1476 1697">Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1.a., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 2 and Section 3. Bruce Normile Juvenile Justice Center Secure Detention Unit has conveyed the PREA requirements to appropriate external investigating agencies."</p> <p data-bbox="280 1738 1461 1939">Criminal investigations are conducted by Kirksville Police Department and Administrative Investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children's Division through the Department of Social Services for the State of Missouri.</p> <p data-bbox="280 1980 1481 2101">(b) The Bruce Normile Juvenile Justice Center PAQ states the agency has policy that requires allegations of sexual abuse or harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations.</p>

	<p>The facility provided a BNJJC Program Brochure. Page 2, last paragraph of the brochure states, “If you have concerns of abuse and/or neglect about your child or any child you can file a report with the Child Abuse and Neglect Hotline by calling 1-800-392-3738. Please see the Detention Superintendent for the agency investigation policy.”</p> <p>Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1.c., states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. Bruce Normile Juvenile Justice Center Secure Detention Unit shall document efforts to secure services from rape crisis centers/child advocacy center.”</p> <p>(c) Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.8 Responsive Planning and Investigations, page 1, section 1.b., states, “When outside agencies investigate sexual abuse and sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The investigation and process should be of no monetary expense to the child.” Page 2, section 1. a., states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in Policy and Procedures Section 2 Administration, Policy and Procedures Section 3 Personnel Management and Court Operating Rule 7.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.9 Training and Education, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standing Operation Procedure 5.2 New Personnel Orientation/Familiarization, dated 7/2024 4. Bruce Normile Juvenile Justice Center Standing Operation Procedure 5.4 Training within First Year of Employment, dated 7/2024 5. Yearly Training Agreement

6. Bruce Normile Secure Detention Unit Fundamental Practices Employee/Volunteer Agreement
7. Staff Literature Training Curriculum
8. Yearly Training Agreement

Interviews:

1. Random staff
2. Supervisory staff
3. Human Resource Manager
4. Detention Superintendent/PREA Coordinator

Interviews with random and specialized staff demonstrated all were aware of and received initial and annual training and a training spreadsheet was made available for review by the Human Resource Manager. Staff spoke to having a responsibility to sign an annual training agreement mandating them to complete 40 hours of annual training which includes a three-hour online PREA training and a one-hour search video.

Site Observation:

During review of staff training files, this Auditor noted 100% compliance for all 15 personnel files reviewed.

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard.

Bruce Normile Juvenile Justice Center Standing Operation Procedure 17.9 Training and Education, page 1, section A. 1-3, state, "Training and Education: Youth, employees, volunteers and onsite service providers training.

1. Bruce Normile Juvenile Justice Center Secure Detention Unit will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335.
2. Specific employee training requirements may be found in Policy and Procedures Section 5 Training and Staff Guidelines.
3. All Staff will sign an Employee Training Agreement showing they received the required employee training."

Bruce Normile Juvenile Justice Center Standing Operation Procedure 5.2 New Personnel Orientation/Familiarization, page 1, section Procedure states, "The NPJS Juvenile Detention Care Worker Curriculum covers the following information which is covered in detail during orientation through an equivalent training by a Supervisor on the Detention Unit:

- a) Adolescent Development
- b) Behavior Management
- c) Cultural Diversity
- d) Ethics and Professionalism
- e) Gender-Specific Skills
- f) Interpersonal Communication Skills

- g) Leadership Skills for Line Staff and Supervisors
- h) Managing Special Needs
- i) Observation and Report Writing
- j) Principles of Supervision
- k) Security and Emergency Procedures
- l) Sexual Harassment Prevention
- m) Suicide Risk Reduction
- n) PREA
- o) TRACKS Detention Aide Training
- p) Mental Health First Aide

Site Observation:

During review of staff training files, this Auditor noted 100% compliance for all 15 personnel files reviewed.

The facility provided Staff Literature Training Curriculum, to include the following topics:

1. Universal Safety Precautions
2. Effective HIV and STD Prevention
3. Cultural Diversity
4. Electronic Media and Youth Violence
5. Understanding Sexual Violence
6. Understanding Domestic Violence
7. Youth Risk Behavior Surveillance

TABLE OF CONTENTS FOR BINDER

1. Employee Orientation Manual
2. Suicide Precaution/Monitoring
3. Documentation and Report Creating
4. Gender Specific Programming
5. Emergency Manual Procedures
6. PREA Policy
7. LGBT and First Responder
8. Discipline and Incentives
9. First Aide/CPR

(b) The Bruce Normile Juvenile Justice Center PAQ states training is not tailored to the unique needs and attributes and gender of residents at the facility. During the pre-audit phase, the Auditor asked the PREA Coordinator if the PAQ should state 'Yes'. The PREA Coordinator affirmed the answer should be 'yes', verifying that the curriculum is tailored for the needs and attributes and gender of residents at the facility.

(c) The Bruce Normile Juvenile Justice Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Training is provided to all employees annually.

(d) The Bruce Normile Juvenile Justice Center PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

The facility provided Yearly Training Agreement. This agreement attests to employees having completed and understanding their job responsibilities for the following:

1. Zero Tolerance Policy on Sexual Abuse and Sexual Harassment---(COR7 B.15, P&P Section 3 and 17)
2. How to fulfill my responsibilities through Bruce Normile Juvenile Justice Center for prevention, detection, reporting, and response policies on Sexual Abuse and Sexual Harassment. (First Responder Manual, Employee Orientation Manual, P&P: Section 6.5, Section 11, Section 12, and Section 17, TRACKS: PREA Video JUED-7001,)
3. The resident's rights to be free from sexual abuse and sexual harassment (Fundamental Practices Agreement, PREA Orientation at Intake, P&P Section 6 and Section 17, Resident Manual, Safety First Education Group)
4. The rights of the residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. (COR7 B.15.5, P&P Section 7.3 and Section 17, PREA Orientation during Intake, Resident Manual)
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities. (P&P Section 17, Resident Manual, COR7 B15, TRACKS: PREA Video JUED-7001)
6. The common reactions of juvenile victims of sexual abuse and sexual harassment (TRACKS Document: Developmental Characteristics of Children, TRACKS Document: Sexual Maltreatment Indicators, TRACKS Webinar: Trauma Informed Care Part 1 and 2- JDEC-FY13-JJT)
7. How to detect and respond to signs of threatened and actual sexual abuse between residents. (Safe Crisis Management Training, First Responder Manual, P&P Section 17, TRACKS: PREA Video JUED-7001,
8. How to avoid inappropriate relationships with residents. (P&P Section 3 and Section 17, New Employee Training, and on the job training)
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. (TRACKS Webinar: GLBT Youth in Juvenile Center- JDEC-FY13-JTT, LGBTI Manual, Cross Gender Pat Down/Transgender Pat Down Video
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
 - a. (P&P Section 3, 6.5, and 17, Fundamental Practices Employee Agreement)
11. Read and Sign after understanding the Fundamental Practices Employee

	<p>Agreement</p> <p>12. 40 HOUR NEW DETENTION TRAINING ON TRACKS</p> <p>I have read the following Manuals, Policy and Procedures, and understand my job responsibilities.</p> <ol style="list-style-type: none"> 1. POLICY AND PROCEDURES MANUAL SECTIONS 1-17 2. STANDARD OPERATING PROCEDURES 3. COURT OPERATING RULE 7 4. FIRST RESPONDER AND COORDINATED RESPONSE MANUAL 5. EMERGENCY MANUAL and EMPLOYEE ORIENTATION MANUAL 6. LGBTI MANUAL/GENDER SPECIFIC TRAINING MANUAL 7. SAFE CRISIS MANAGEMENT MANUAL AND TRAINING 8. RESIDENT MANUAL 9. LEADERSHIP COMMUNICATION MANUAL 10. MENTAL HEALTH YOUTH FIRST AID 11. CPR/FA/AED TRAINING AND MANUAL <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.1 Orientation and Training Program, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4 Training within First Year of Employment, dated 7/2024 4. Bruce Normile Secure Detention Unit Fundamental Practices Employee/Volunteer Agreement <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>The Detention Superintendent interviewed stated the facility currently has one volunteer at the facility.</p>

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. Two total contractors and one volunteer could have contact with residents and have completed the required training. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.1 Orientation and Training Program, page 1, section Policy, states, "An annually updated orientation and training program that documents prior and in- service training for personnel and volunteers."

The facility provided a Bruce Normile Secure Detention Unit Fundamental Practices Employee/Volunteer Agreement. Page 2-3, section What to do if you see, hear, or suspect abuse of any kind, "Whenever a Bruce Normile Juvenile Justice Center Secure Detention Unit employee has reasonable cause to suspect an abusive or neglectful incident has occurred; immediately notify the supervisor or designee. (Note: In instances wherein the supervisor or designee is believed to be the perpetrator, the employee shall notify the supervisor or designee at the next appropriate supervisory level.) Bruce Normile Juvenile Justice Center Secure Detention Unit has ZERO Tolerance for any kind of abuse, harassment, and bullying among youth and employees. "

Page 3, section, first and second bullets, states,

- "210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183.
- Any employee who believes that the conduct of a supervisor, manager, coworker, employee, or non- employee constitutes harassing or discriminatory behavior and /or inappropriate conduct as described in Bruce Normile Juvenile Justice Center Secure Detention Unit Policy and Court Operating Rule 7 has a responsibility to immediately report the incident(s)."

The agreement has the following statement, at the end of the document. "I have read and understand the materials provided." Printed name, employee/volunteer signature, SSN, date and Supervisor signature.

(b) The Bruce Normile Juvenile Justice Center PAQ states the level and type of

	<p>training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4 Training within First Year of Employment, page 3, third paragraph states, "Students/ volunteers will be oriented to the policies and procedures of the Bruce Normile Juvenile Justice Center using the Employee Orientation Manual and pairing them with trained staff until all training topics are covered."</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4 Training within First Year of Employment, page 3, fourth paragraph states, "Logs will be kept in employees' personnel files and maintained by the Superintendent of Detention with the assistance of the Clerical staff."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Detention Resident Orientation Manual, dated 7/2024 3. 2nd Circuit-Safety First Handbook, English and Spanish versions, not dated 4. Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.3, Orientation into the Facility, dated 7/2024 5. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.5, Residents with Disabilities and/or Limited English Proficient, dated 7/2024 6. Bruce Normile Juvenile Justice Center Juvenile PREA Intake Orientation Acknowledgement <p>Interviews:</p>

1. Random residents
2. Random staff
3. Detention Superintendent/PREA Coordinator

Interviews with four random residents demonstrated each were given PREA information on the day or next day of their admission. Each clearly articulated multiple ways to report, their awareness of the grievance procedures, could report anonymously, and attested to postings always available throughout the facility. The Detention Superintendent reported that comprehensive PREA education is given each Saturday demonstrating residents receive comprehensive education within 10 days of intake.

Site Observations:

Four residents were at the facility and each file was reviewed by utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files/Records template. Three of the four files reviewed demonstrated that each had received PREA education on the day of intake with comprehensive education taking place less than a week of intake.

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ states Residents receive information at time of intake about the zero- tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. 52 residents admitted in the past 12 months were given information at intake.

The facility provided a Bruce Normile Juvenile Justice Center Juvenile PREA Intake Orientation Acknowledgement. The first paragraph of the acknowledgement states, “I will read this out loud and if you have any questions please ask after each statement. Once you understand what each statement is saying we will both initial next to it. We do this form with everyone, and we take your safety and the safety of others very seriously.” Residents are attesting to the following:

1. This facility has a ZERO TOLERANCE policy against sexual assault / sexual harassment.
2. Sexual assault can happen to males and females.
3. Physical sexual abuse occurs when a person physically touches or tries to touch another person’s private parts; either on top or under the clothes.
4. Verbal sexual abuse occurs when a person verbally threatens to touch the private parts of another person, or when a person makes any suggestions of a sexual nature.
5. Private parts include the: penis, vagina, inner thigh, buttocks, or breast.
6. Sexual assault can be reported to any staff member or someone you trust or by calling the Missouri Child Abuse and Neglect Hotline at 1-800-392-3738.
7. All persons are expected to IMMEDIATELY report any sexual assault, even if the assault happens to someone else.
8. Reporting a sexual assault / sexual harassment is a serious allegation.
9. ALL reports of sexual assaults / sexual harassment will be investigated.
10. Anyone who sexually assaults another person WILL face criminal charges.

11. Retaliation against a victim or the person who reported the sexual assault will NOT be tolerated.
12. False reporting of a sexual assault WILL have consequences.
13. Rainbow House offers services outside of the facility for sexual abuse victims and their families. 1-573-474-6600

Acknowledgments give the residents the choice to keep this document.

Acknowledgments are signed and dated by both residents and staff.

The facility provided a Bruce Normile Detention Resident Orientation Manual. Page 19, section Sexual Harassment – Victimization and How to Report Concerns, states, “Bruce Normile Juvenile Justice Center has a ZERO tolerance policy with any and all Sexual Harassment or Victimization from Staff or Residents. Please report immediately to the Detention Superintendent or any staff member if you are a victim or witness to any sexual harassment or victimization by staff or other residents. You may also report to your Attorney, any Supervisor, Juvenile Officer, Counselor, Caseworker, Parents, through a grievance form, or by contacting the Child Abuse and Neglect Hotline at 1-800-392-3738. You may also contact a local victim advocacy agency or crisis center; their information is located on posters in your dayroom and classroom. If you feel you have been retaliated against for filing a report of abuse or harassment you may report through any of the above methods.”

Page 26-27, section Definitions as Stated in PREA Policy, states:

“Secure Confinement means a facility in which the movements and activities of the juveniles may be restricted or subject to control through the use of physical barriers or intense staff supervision. A locked facility where the juvenile is not allowed access to the community by leaving.

Gay means relating to or having a sexual orientation to a person of the same sex, typically males. Lesbian means relating to or having a sexual orientation to a person of the same sex, typically females. Bisexual means relating to or having sexual orientation to both males and females.

Transgender means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Gender nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Heterosexual means relating to or having a sexual orientation to a person of the opposite sex.

HOTLINE INFORMATION/GRIEVANCE PROCEDURE

I understand that Bruce Normile Juvenile Justice Center has a zero tolerance for any

sexual harassment or bullying. If I feel I have been sexually harassed/ abused or bullied in any manner by another person then I may call the Hotline number myself by asking staff to dial the number and/or I may report it to any adult. I understand that all staff are mandated reporters and must report any abuse/neglect to the Hotline number for investigation. 1-800-392-3738.

DEFINITIONS RELATED TO SEXUAL ABUSE:

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Penetrations of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetrations of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to the official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) -(5) of this section;
- 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident.

Sexual harassment includes—

- 1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident toward another; and;

2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.”

(b) The Bruce Normile Juvenile Justice Center PAQ states within the past 12 months, 52 residents received age appropriate PREA education within 10 days of intake.

The facility provided 2nd Circuit-Safety First Handbook, English and Spanish versions. Page 6 of the handbook includes the following areas for youth to “Remember”:

- “You have the right to say “NO” if someone wants to touch you in any way that makes you feel uncomfortable, afraid or confused.
- You have the right and the responsibility to take care of yourself. You can set limits for yourself and others, trust your feelings, and not let others pressure you.
- True consent means both partners have equal power. Equal power means equal knowledge and equal freedom to make decisions, without pressure.
- Forcing or pressuring someone to have sex is never okay. Force may be physical. It can also be non-physical, as in deception, trickery, threats, and verbal pressure.
- Remember if you are sexually harassed or forced into sexual contact let your staff know.
- You will not be blamed if someone touches you in a way that does not seem right, it is not your fault.
- You will not be hurt or blamed if you tell staff or other trusted adults about any abuse you report.”

The last page of the handbook states, “I have read and/or covered the material in this workbook. Date:/Signature/Staff Signature”

(c) The Bruce Normile Juvenile Justice Center PAQ states 100% residents were educated within 10 days of intake. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights. The facility states “when a juvenile is transferred from one facility to another, they are considered a new admission at the new facility.”

Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.3, Orientation into the Facility, page 1, section Written and Oral Notification of Rights, states, “Every juvenile is read their Notice Upon Admission and must initial after each right is read and explained to ensure understanding of their rights. The juvenile and staff must then sign the bottom of the form indicating that the juvenile understands their rights as read and explained and they are given a copy of their rights upon release. A copy is also mailed to the resident’s guardian.”

Page 2, section Procedures continued, states, “The Resident Orientation Manual explains the following:

- Secure Detention Vision and Mission Statement

- The entire Detention Process
- Staff Responsibilities
- Rules and Expectations
- Privileges
- Behavior Incentive Level System
- Violation and Sanction Policy
- Shower procedures
- Morning hygiene procedures and clothing issued
- Visitation/Phone/Mail Policies
- Medical Services
- Sexual Harassment and Victimization Policy and Procedures
- Emergency Procedures for building/fire/tornado
- Complaint and Grievance procedure
- Orientation period/4 quizzes and video on Bullying
- Searches-Room and Person
- School and Program schedules
- PREA Definitions and process”

Page 3, section Rules and Expectations of the facility, states, “Every juvenile is given a copy of the Resident Orientation Manual while in the holding room. During the intake process the rules and expectations are reviewed, discussed, and read with the residents signing a rules agreement during the intake process. Every resident must complete 4 quizzes, using the Resident Orientation Manual and the Court Process Manual, which cover the rules and expectations of the facility and what to expect at Court. Staff and the residents will review the rules through a General Rules Agreement before the resident joins regular programming to ensure all questions regarding detention have been answered.

The rules and expectations are posted in each day room and in the classroom for the residents to review at any time.

(d) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.5, Residents with Disabilities and/or Limited

English Proficient, page 1, section 1.a. states, “Residents with disabilities and residents who are limited English proficient.

a. Bruce Normile Juvenile Justice Center Secure Detention Unit shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”

The facility provided an Office of State Courts Administrator, Contract Award with International Language Center. This contract is for language specialties to include Arabic, Bosnian, Farsi, Mandarin, Russian, Spanish, Tigrinya, Vietnamese or any additional languages upon request. Services also include family support therapy

	<p>services, mental health interpreter services, client outreach services – educational outreach, and court room services, when needed. This contract is in place for one year.</p> <p>(e) The Bruce Normile Juvenile Justice Center PAQ states the facility maintains documentation of resident participation in PREA education sessions. Residents sign and date the last page of the 2nd Circuit-Safety First Handbook.</p> <p>(f) The Bruce Normile Juvenile Justice Center PAQ states The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator 2. PREA Coordinator <p>Interviews with the Detention Superintendent and the PREA Coordinator state criminal investigations are conducted by Kirksville Police Department and administrative investigations are completed by the Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children’s Division through the Department of Social Services for the State of Missouri.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states this standard is not applicable as external investigators are used for both criminal and administrative investigations. The facility states that criminal investigations are conducted by Kirksville Police Department and administrative investigations are completed by the</p>

	<p>Court Services Administrator from the Out of Home Placement Investigations Unit which is under the umbrella of the Children’s Division through the Department of Social Services for the State of Missouri.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 5.4, Training within First Year of Employment, date 7/2024 3. NCIC Specialized Training Curriculum for Medical and Mental Health Staff <p>Interview:</p> <ol style="list-style-type: none"> 1. Facility Physician <p>The Facility Physician stated he has received training per ATSU requirements and has had training as a sexual assault examiner The physician articulated he would ensure the resident understood the processes, how and when to notify the proper authorities, and the SANE/SAFE hospital being used in Columbia.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ affirms that the agency maintains a policy regarding the training of medical and mental health practitioners who regularly work within its facilities. According to agency policy, all medical and mental health staff at the facility—100% of them—have completed the required training. Additionally, all medical and mental health personnel operate under contractual agreements.</p> <p>The facility provided NCIC Specialized Training Curriculum for Medical and Mental Health Staff. The curriculum includes the following topics:</p> <ol style="list-style-type: none"> 1. Specialized Training: PREA Medical and Mental Care Standards. 2. Module 1: Detecting and Assessing Signs of Sexual Abuse and Harassment. 3. Reporting and the PREA Standards.

	<p>4. Module 3: Effective and Professional Responses.</p> <p>5. Module 4: The Medical Forensic Examination and forensic Evidence Preservation.</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states their medical staff do not conduct forensic medical exams.</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Medical staff is a physician. Mental Health staff are used from 'Mark Twain' an outside agency.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.4, Orientation for newly admitted juveniles, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.10, PREA Policy – Screening for Risk of Sexual Victimization and Abusiveness, dated 7/2024 4. Missouri Secure Detention SAVAC Sexual Assault Victim/Assailant Checklist - computerized <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake staff 2. Detention Superintendent/PREA Coordinator <p>All staff at this facility are trained to conduct resident intake procedures. Interviews with intake personnel revealed that each staff member completes a comprehensive risk assessment within the first or second day of a resident's admission.</p> <p>Staff reported that residents identified as being at risk are housed separately based on their classification. Victims are placed in one designated day room, while aggressors are housed in a separate day room to ensure safety. When residents with</p>

risk factors interact during program activities, they are continuously monitored by staff throughout all aspects of the day.

Additionally, staff indicated that every resident undergoes reassessment every 30 days, regardless of their duration in the program. This reassessment process ensures that evolving risks and individual needs are regularly addressed.

Upon reviewing the resident files, this Auditor observed that each resident underwent screening on the day of admission. Given that the average length of stay at this facility is 10 days, there is no opportunity to reassess residents within the standard 30-day time frame.

Provisions:

(a) The Bruce Normile Juvenile Justice Center (BNJJC) maintains a rigorous screening policy to ensure the safety and well-being of all residents. Upon admission or transfer, every resident undergoes a comprehensive assessment to evaluate their risk of sexual abuse victimization or potential risk of sexually abusing other residents. In adherence to this policy, over the past 12 months, 52 residents—100% of those whose stay exceeded 72 hours—were successfully screened within the required 72-hour timeframe following their entry into the facility. This protocol underscores BNJJC's commitment to fostering a secure environment while prioritizing early identification of individuals who may need additional support or intervention.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 6.4, Orientation for newly admitted juveniles, page 2, section H. Initial Medical Screening and Mental Health Screening, states, "The following forms are completed during the intake process:

- Health and Medical Questionnaire
- MAYSI 2
- Suicide Ideation Questionnaire
- Physical Diagram
- Sexual Victimization/Predator Risk Questionnaire

Any concerns or questions that are discovered will result in a referral for a medical or mental health evaluation."

Page 3, section I. Recording of personal data and information, states, "

- All information is recorded in the General Log
- JIS Program
- Individual Logs
- Resident's File"

(b) The Bruce Normile Juvenile Justice Center PAQ states the facility conducts risk assessments by using an objective screening instrument.

The facility implemented a computerized version of the Missouri Secure Detention SAVAC Sexual Assault Victim/Assailant screening instrument. This tool captures key details, including the date of assessment, juvenile's name, date of birth (DOB),

reassessment date, gender, race, additional reassessment date, facility name, and the reason for referral or detention.

Possible victim status:

1. Age 15 or under/comments
2. Small physical stature (under 5'5" and or LT 125 lbs.) or lacking physical maturity/comments
3. Physical or developmental disability or mental illness/comments
4. First secure confinement of any kind/comments
5. Juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming/comments
6. History as victim of sexual abuse or exposure to sexual exploitation or violence (If yes then a meeting with a medical or mental health practitioner must be offered within 14 days) (Information must be reported if not done so previously)/comments
7. History of facility consensual sex/comments
8. History of protective custody/comments
9. Reports concern over ability to define oneself/comments
10. Lacks facility social support/comments

Possible Predatory Status:

1. Pending sexual assault allegation or prior sexual assault referral/comments
2. History of Institutional predatory behavior/comments
3. History as perpetrator of sexual abuse/comments
4. History as perpetrator of physical abuse/comments
5. Gang affiliation/comments

The screening includes instructions for scoring both potential victim and predatory factors.

(c) The last page of the resident screening tool instructs the following: "Fill in all JIS information including Demographic Information in CPAPERs, assigned the resident to a room and ensuring the Admission Time is correct in CSAROOM.

(d) This information will be gathered through discussions with the resident during the intake process, as well as through medical and mental health screenings. Additionally, classification assessments will help in determining relevant details. A thorough review of court records, case files, facility behavioral reports, and other pertinent documents from the resident's file will also contribute to this assessment.

	<p>The Auditor observed the secure records room during the site tour.</p> <p>(e) The agency shall establish and enforce appropriate measures to regulate the dissemination of responses to inquiries made under this standard within the facility. These controls are designed to prevent the misuse of sensitive information, ensuring that neither staff nor other residents exploit such details to the detriment of any resident.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Room Restriction/Confinement and Isolation, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.10, PREA Policy – Screening for Risk of Sexual Victimization and Abusiveness, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Detention Superintendent/PREA Coordinator <p>Interviews with facility staff confirmed that resident risk levels are effectively communicated to all departmental personnel through electronic resident files stored on the shared drive. However, specific details regarding the reasons for the risk are securely maintained in a private shared drive, accessible only to supervisory staff.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the facility uses information from the risk screening required by §115.341 to make informed housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>To complete the resident screening process, ensure the following details are accurately recorded:</p> <ul style="list-style-type: none"> • JIS Information: Enter all required resident details, including complete demographic information, into CPAPERs.

- Room Assignment: Assign the resident to their designated room, verifying that all placement details are correct.
- Admission Time: Confirm the admission time in CSAROOM to ensure proper documentation and record accuracy.
- Double-check all inputs before finalizing the admission process to maintain consistency and compliance.

(b) The Bruce Normile Juvenile Justice Center PAQ states the residents may only be placed in isolation as a last resort to keep them safe from other residents, until other arrangements can be made. The facility requires residents in isolation to continue to have access to the same programming offerings as all other residents outside of isolation. In the last 12 months there have been zero residents placed in isolation at risk of sexual victimization or who needed protection from sexual victimization.

Isolation will only be implemented when necessary to ensure the resident's protection. The resident will maintain access to all privileges, including but not limited to educational services, recreation, medical care, and communication with approved individuals. Designated staff will provide continuous supervision throughout the isolation period to ensure the resident's physical and emotional welfare.

A formal review of the resident's isolation status will be conducted every 30 days. The review will include input from mental health professionals, case managers, and facility administration to determine whether continued isolation is necessary or if alternative protective measures can be implemented. Documentation of each review will be maintained to ensure transparency and accountability.

Bruce Normile Juvenile Justice Center's Standard Operating Procedure related to PREA (Prison Rape Elimination Act) policies on youth placement. This section emphasizes that youth identified as at risk for sexual victimization—or those who have reported past abuse—should only be placed in isolation or separation as a last resort, ensuring their conditions adhere to established PREA standards, state policies, and court regulations. The policy also mandates a review every 30 days to assess whether ongoing separation is necessary.

(c) The Bruce Normile Juvenile Justice Center PAQ states the facility prohibits placing and considering lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

Placement decisions for lesbian, gay, bisexual, transgender, or intersex (LGBTI) youth shall not be made solely based on their identification or status. Instead, decisions shall be guided by individualized assessments that consider various factors, including:

The youth's specific safety concerns.

	<p>Their personal experiences and vulnerabilities.</p> <p>The risk of sexual victimization or abusiveness.</p> <p>Appropriate housing options within the facility.</p> <p>Youth identified as being at risk of victimization shall be provided appropriate protection without being placed in isolation unless necessary for their safety and well-being. Staff shall ensure that all placement decisions align with the facility's commitment to upholding the dignity and rights of all youth, fostering a secure and supportive environment.</p> <p>Youth shall only be subject to isolation or separation in strict accordance with Policy and Procedures Section 9.6—Rules and Discipline. Under no circumstances shall lesbian, gay, bisexual, transgender, or intersex youth be isolated or separated solely on the basis of their identification or status.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by case basis.</p> <p>(e) The facility reassesses all residents every 30 days.</p> <p>(f) Every room is a single cell with an individual shower.</p> <p>(g) This provision is found compliant in provision (f) of this report.</p> <p>(h) The Bruce Normile Juvenile Justice Center PAQ states in the last 12 months, there were zero residents at risk of sexual victimization who were held in isolation.</p> <p>(i) The Bruce Normile Juvenile Justice Center PAQ states if residents were held in isolation, such resident would be afforded a review every 30 days to determine whether the continuation for separation was needed. This provision is found compliant in provision (b) of this provision.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024
3. Child Abuse and Neglect Hotline Flyer, not dated
4. Online Mandated Reporting website: [Https://apps.dss.mo.gov/OnlineCanReporting/default.aspx](https://apps.dss.mo.gov/OnlineCanReporting/default.aspx)

Interviews:

1. Random resident
2. Random staff

Residents interviewed confirmed their awareness that family members, friends, or legal representatives could submit third-party reports on their behalf if they felt uncomfortable reporting directly. Each resident described the telephone procedures for legal or PREA-related calls, emphasizing that such calls could be made privately—without monitoring or recording—once staff were available. However, no such phone calls were noted as having occurred.

Residents also acknowledged that the outside hotline advocate phone number was clearly posted on facility posters. The majority of those interviewed understood their right to report anonymously. Additionally, each randomly selected resident was both able and willing to answer questions.

Site Observations:

Signage of hotline numbers, third party reporting and advocate information was posted throughout the facility. Each dayroom had a series of PREA policies laminated and bound available for resident review at all times.

(a) The Bruce Normile Juvenile Justice Center PAQ states The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section Youth Reporting, states:

1) The Bruce Normile Juvenile Justice Center Secure Detention Unit is committed to ensuring the safety and rights of all youth in its care. To this end, the unit provides multiple confidential avenues for youth to report incidents of sexual abuse, sexual harassment, retaliation by peers or staff for reporting such incidents, and any employee neglect or misconduct that may have contributed to these situations. These measures are implemented in strict accordance with Policy and Procedures Section 7: Juvenile Rights and Court Operating Rule 7.

2. Bruce Normile Juvenile Justice Center Secure Detention Unit employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the PREA Coordinator.

(b) The Bruce Normile Juvenile Justice Center PAQ states facility provides at least

one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided with information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

The facility provided a Child Abuse and Neglect Hotline Flyer. The flyer has the following reporting options and information for reporting:

Hotline Numbers: 1.800.392.3738

Mandated Reporting: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>

Reporting child abuse is everyone's responsibility

When making a report, be sure to have the following information:

Name of child

Name of the parent(s)

Name of the alleged abuser

Where the child can be located

You will be asked:

Is the child in a life-threatening situation now?

How do you know about abuse/neglect?

Did you witness the abuse/neglect?

Were there other witnesses, and if so, how can they be contacted?

What if I'm not sure it's abuse or neglect?

Mandated Reporters

The Auditor placed a call to the Missouri Child Abuse Hotline at 1-800-392-3738. Upon dialing, an automated message played:

"Welcome to the State of Missouri Child Abuse Hotline. Press 2 if you are an adult or press 1 if you are a mandated reporter. To report abuse involving an emergency, press 1. For non-emergent situations, press 4."

Reporting instructions were provided. The hold system also offered a callback option. However, if the caller was unable to answer, the callback message emphasized the importance of returning the call. Throughout the wait, an automated message frequently advised callers to hang up, dial 911, and then call the hotline again.

After holding for 60 minutes, the Auditor ended the call. Later, upon submitting an online report, the Auditor explained the extended wait time, noting that they had refrained from selecting the emergency reporting option. The hotline worker clarified that calls are placed into a queue and prioritized based on urgency, meaning emergency reports are answered before non-emergent ones.

(c) The Bruce Normile Juvenile Justice Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ states staff are required to document verbal reports, immediately.

	<p>Residents have multiple avenues to report abuse or misconduct without fear of retaliation. They may report verbally to any staff member of their choosing, ensuring they are not required to report the abuse to the accused individual. Additionally, residents may submit reports through the formal grievance procedure, utilize third-party reporting options, or disclose concerns to trusted individuals such as guardians, attorneys, juvenile officers, medical personnel (including doctors and nurses), counselors, or fellow residents.</p> <p>All reports received, whether direct or third party—must be promptly forwarded to the Child Abuse/Neglect Hotline and the Detention Superintendent for appropriate investigation and action. Staff members receiving reports are obligated to document and escalate concerns in accordance with established protocols to ensure resident safety and compliance with PREA standards.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy and practice compliance can be found in provision (c) of this standard.</p> <p>(e) The Bruce Normile Juvenile Justice Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff have been informed of these procedures through initial and annual training as is described in provision 115.331(a) (1-11).</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 6. a., “In accordance with Court Operating Rule 7 Bruce Normile Juvenile Justice Center Secure Detention Unit provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the Detention Superintendent or designee. In instances where the Superintendent is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. Policy and Procedures Section 7 and Section 3 provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024
3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13, PREA Policy - Discipline, dated 7/2024
4. Bruce Normile Juvenile Justice Center Standard Operating Procedure 7.3, Written grievance procedures for residents, dated 7/2024
5. Grievance Form

Interviews:

1. Random residents
2. Detention Superintendent/PREA Coordinator

Residents interviewed exhibited a clear understanding of the grievance procedures and recognized that staff members were ready to assist them in completing the necessary forms, if needed. Despite this awareness, none of the residents interviewed had submitted a grievance form, and no grievances had been filed within the past 12 months.

Site Observation:

Grievance boxes were observed in the classroom, ensuring accessibility for those in need. Additionally, third-party postings and PREA notices were prominently displayed throughout all areas of the detention facility, reinforcing compliance and awareness.

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section A. 3, states, “Residents may report verbally to any staff member of their choice. They do not have to report the abuse to the accused staff member. They may report through the grievance procedure, through third-party reports, or by telling their guardians, attorneys, juvenile officers, doctor, nurse, counselor, or other residents. That person will then report it to the Child Abuse/Neglect Hotline and the Detention Superintendent for investigation.

(b) The Bruce Normile Juvenile Justice Center PAQ outlines the agency’s administrative procedure for handling resident grievances related to sexual abuse. According to agency policy and procedure, residents may submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident

is believed to have occurred. The policy explicitly states that residents are not required to use an informal grievance process or attempt resolution with staff before filing a formal complaint. Compliance with this policy is demonstrated in provision (a) of this standard.

(c) The Bruce Normile Juvenile Justice Center PAQ affirms that agency policy and procedure allow residents to submit grievances alleging sexual abuse without directing them to the staff member implicated in the complaint. Furthermore, agency policy mandates that such grievances must not be referred to the staff member in question. Compliance with this policy is outlined in provision (a) of this standard.

(d) The Bruce Normile Juvenile Justice Center PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months:

- there have been zero grievances filed alleging sexual abuse.
- zeros grievance alleging sexual abuse that reached final decision within 90 days, after being filed.
- zero grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, and.
- zero cases where the agency requested an extension of the 90-day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 7.3, Written grievance procedures for residents, page 2, section Grievance Procedures, states, "Grievance Procedure: If a juvenile feels he/she has been treated unfairly, been sexually harassed or abused, or had their rights violated, that resident may make a formal complaint in writing to the Superintendent of Detention. The complaint will be reviewed within 24 hours but as soon as possible and the juvenile can present his/her case to the Superintendent of Detention. The resident has the right to present his/her case to the Chief Juvenile Officer and then to the Court Services Administrator if they feel the issue has not been handled appropriately.

a) No reprisals shall be taken against anyone using or participating in this process.

b) Residents who filed the grievance will not be referred to the staff member who is the subject of the complaint.

c) Residents can submit the grievance form in a sealed envelope to a staff member or in the locked Grievance Box in the classroom. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.

d) The Superintendent of Detention, Chief Juvenile Officer, or Court Services Administrator will be notified in writing within a reasonable time of all complaints against staff members. Staff should be notified of all complaints against other juveniles, and unresolved grievances shall be brought to the attention of the

Superintendent of Detention, Chief Juvenile Officer, or Court Services Administrator within a reasonable period of time.

e) Outside Assistance: A juvenile who feels that he/she has been treated unfairly has the right to request assistance from their attorney at any reasonable time.

f) All grievances will be addressed in writing within 24 working hours. Emergencies will be dealt with immediately by the Superintendent of Detention or designee.

g) All grievance involving sexual abuse or sexual harassment will be handled as an emergency grievance with a final decision for investigation within 5 days.

(e) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section B. 1-3. Third Party Reporting, states,

1. “Bruce Normile Juvenile Justice Center Secure Detention Unit shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. All reports will be documented. This information will be contained in the Parent Brochure and maintained on 2nd Circuit Juvenile Divisions webpage.”

2. If resident declines third party assistance in filing a grievance alleging sexual abuse, Bruce Normile Juvenile Justice Center Secure Detention Unit shall document the resident’s decision to decline.

3. Parents and legal guardians of the resident can file a grievance alleging sexual abuse, including appeals, on behalf of the resident regardless of whether or not the resident agrees to having the grievance filed on their behalf.

(f) The Bruce Normile Juvenile Justice Center PAQ outlines the facility’s policy and procedures for filing emergency grievances in cases where a resident faces a substantial risk of imminent sexual abuse. According to the policy, an initial response to such grievances must be provided within 48 hours, with a final agency decision issued within five days. Over the past 12 months, no grievances alleging a substantial risk of imminent sexual abuse have been filed, nor have any required final decisions within the five-day time frame.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 3., states, “When Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth.” Note: Bruce Normile Juvenile Justice Center Standard Operating Procedure 7.3, Written grievance procedures for residents answers all grievances within 24 hours. Reference provision (c) of this standard for policy compliance.

(g) The Bruce Normile Juvenile Justice PAQ affirms that the facility has a written policy ensuring that residents are not disciplined for filing grievances alleging sexual abuse unless the agency can demonstrate that the grievance was filed in bad faith. Over the past 12 months, there have been no such grievances where the agency

	<p>determined that the resident acted in bad faith.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13, PREA Policy – Discipline, page 1, section 3.a. states, “Youth who file a grievance alleging sexual abuse in bad faith can receive consequences.”</p> <p>The facility provided a grievance form. The form includes the following:</p> <ol style="list-style-type: none"> 1. Check if this involves Sexual Harassment or Sexual Abuse 2. Resident’s Name/Date 3. Whom is the grievance being filed against (if applies) 4. Reason and details as to why you are filing the grievance 5. Date and Results of Superintendent Meeting with resident 6. Reason for the decision by the Superintendent 7. Resident’s response to the decision/meeting of the grievance 8. Resident signature 9. Date & Superintendent’s Signature <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024 3. Bruce Normile Juvenile Justice Center Standard Operating Procedure 8.3, Telephone Use by Residents, dated 7/2024

4. Rainbow House
5. Facility Emergency Number Posting
6. No Means No Flyer

Interviews:

1. Random residents
2. Random staff
3. Specialized staff

Residents interviewed demonstrated a clear understanding of external reporting procedures, including calling the hotline, utilizing the posted advocate number, or informing their Juvenile Officer. Each resident expressed feeling safe within the program and reported confidence in their ability to disclose instances of sexual harassment or abuse.

(a) The PREA Compliance Manager stated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Gives residents (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.
- Does give immigrant residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
- Enables reasonable communication between residents and these organizations, in as confidential manner as possible.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 2, section C. 1., states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow residents 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. Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.

The facility provided an emergency phone number flyer. This flyer includes phone numbers to:

1. The National Sexual Abuse Hotline
2. Stop it Now! 1.888.PREVENT
3. National Child Abuse Hotline
4. Child Abuse Hotline/Department of Social Services

The facility provided a No Means No Posting. This posting speaks to the Right to Report, How to Report and Victim Support Services with the address and phone contact information to the Rainbow House.

(b) The Bruce Normile Juvenile Justice Center PAQ outlines the facility's commitment to transparency regarding resident communications with outside support services. Before granting access to such services, residents are informed about the extent to which their communications may be monitored. Additionally, the facility ensures that residents understand the mandatory reporting rules related to privacy, confidentiality, and privilege. This includes clear guidance on disclosures of sexual abuse made to outside victim advocates, along with any legal limitations on confidentiality under relevant Federal, State, or local laws.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 8.3, Telephone Use by Residents, page 2, section F. a-e, state, "A resident's phone call to individuals other than counsel, service coordinator, or their deputy juvenile officer may be monitored, but only under the following conditions:

a) There is reason to believe the resident is speaking to someone other than those on the juvenile's approved phone list.

b) There is reason to believe the resident is planning an escape or other illegal behavior.

c) There is reason to believe that a resident is being threatened or otherwise intimidated by a caller.

d) Juvenile Officer request for a specific reason for the monitoring.

(e) Procedure for Documentation of Monitoring: All incidents of monitoring shall be indicated on the General Log and the telephone log in the appropriate column. Further, each incident shall be detailed in an incident report. The report will be filed in the residents' file and will include pertinent information such as date, name of staff member initiating the monitoring, etc.

(c) The Bruce Normile Juvenile Justice Center PAQ states the facility does not have memoranda of understanding with community service providers. However, Rainbow House provides residents with emotional support services related to sexual abuse upon request.

The facility provided an attempted Memorandum of Understanding for advocacy services; however, the MOU attempt with Rainbow House, outside of the auditing cycle.

The Rainbow House Regional Children's Advocacy Center (CAC) is committed to fostering a coordinated, trauma-informed approach to child abuse investigations through its Multidisciplinary Team (MDT) Protocols and Interagency Agreement. By utilizing best practices that continually evolve, these protocols aim to provide a child-friendly, efficient, and effective framework for investigative procedures, adjudication, prosecution, treatment, and prevention of child abuse.

In alignment with the Child First doctrine, our efforts focus on minimizing trauma for children and families affected by abuse while promoting resilience, healing, and protective caregiver-child relationships. This collaborative approach ensures

	<p>agencies work in concert to connect families with necessary services, strengthen adult capacity, and mitigate the long-term effects of trauma and chronic stress.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ affirms its commitment to ensuring residents have reasonable and confidential access to their attorneys or other legal representation. In addition, the facility guarantees residents reasonable access to their parents or legal guardians. Compliance with this policy is detailed in provision (b) of this standard.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. Specialized staff <p>Residents and staff interviewed demonstrated their understanding of third-party reporting by informing a Juvenile Officer, notifying a family member, or calling the hotline.</p> <p>Site Observation:</p> <p>Third Party reporting information was observed in the no contact visiting area via the facility PREA brochure.</p> <p>(a) The Bruce Normile Juvenile Justice Center's PAQ affirms that the facility has established a system for receiving third-party reports concerning resident sexual abuse or sexual harassment. Furthermore, the agency ensures that information on how to report such incidents on behalf of residents is publicly accessible and widely</p>

distributed.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section B. 1-

3. Third Party Reporting, states:

1. “Bruce Normile Juvenile Justice Center Secure Detention Unit shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. All reports will be documented. This information will be contained in the Parent Brochure and maintained on 2nd Circuit Juvenile Divisions webpage.”

2. If resident declines third party assistance in filing a grievance alleging sexual abuse, Bruce Normile Juvenile Justice Center Secure Detention Unit shall document the resident’s decision to decline.

Parents and legal guardians of the resident can file a grievance alleging sexual abuse, including appeals, on behalf of the resident regardless of whether or not the resident agrees to having the grievance filed on their behalf.

The facility provided a Child Abuse and Neglect Hotline Flyer. The flyer has the following reporting options and information for reporting:

Hotline Numbers: 1.800.392.3738

Mandated Reporting: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>

Reporting child abuse is everyone’s responsibility

When making a report, be sure to have the following information:

Name of child

Name of the parent(s)

Name of the alleged abuser

Where the child can be located

You will be asked:

Is the child in a life-threatening situation now?

How do you know about the abuse/neglect?

Did you witness abuse/neglect?

Were there other witnesses, and if so, how can they be contacted?

What if I’m not sure it’s abuse or neglect?

Mandated Reporters?

The Auditor telephoned the hotline number at 1.800.392.3738. The message stated, “Welcome to the State of Missouri child abuse hotline. Press 2 if an adult. Press 1 if mandated reporter. Calling to report type of abuse about emergency issues, press 1, non-emergent situation, press 4. (Online reporting instructions were heard while waiting for an operator.) The holding line offered a call back; however, if the person receiving the call back could not answer the message states the importance of calling back. While on hold, the message continually states hang up and call 911 and then call us back. After waiting on hold for 60 minutes, this Auditor ended the

	<p>call. Upon the online report being answered as is described in the next paragraph, the Auditor explained being on hold for one hour as the Auditor did not want to press the option for emergency reports. The worker explained calls go into a que and are answered by type of report and the emergency call would have been answered before non-emergent calls.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Random Staff 3. Specialized Staff 4. Detention Superintendent/PREA Coordinator <p>Interviews with staff and residents confirmed that everyone actively practices and understands the importance of promptly reporting all allegations of sexual abuse and sexual harassment. The Detention Supervisor emphasized that every allegation is thoroughly documented, both in an incident report and in the resident’s electronic file.</p> <p>Site Observations:</p> <p>This facility has maintained a record free of any allegations of sexual harassment or abuse. Through a comprehensive tour of the premises, observation of numerous informational postings, meaningful conversations with both residents and staff, and a thorough review of pre-audit documentation, the Auditor commends the facility for its evident commitment to PREA implementation and adherence to established standards.</p>

Provisions:

(a) The Bruce Normile Juvenile Justice Center's PREA Audit Questionnaire (PAQ) underscores the agency's commitment to ensuring a safe and secure environment for all residents and staff. In accordance with agency policy, all staff members are required to immediately report any knowledge, suspicion, or information related to incidents of sexual abuse or sexual harassment occurring within a facility, regardless of whether the facility is part of the agency.

Additionally, the agency mandates that staff report any form of retaliation directed at residents or personnel who have come forward with such reports. Ensuring accountability, staff must also report any neglect or violations of responsibilities that may have contributed to an incident or subsequent retaliation.

By enforcing these policies, the Bruce Normile Juvenile Justice Center demonstrates its dedication to upholding safety, accountability, and ethical conduct within its operations.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall require all employees to respond and report immediately in accordance with Court Operating Rule 7 and Policy and Procedures Section 2 and Section 3 , any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Ensuring Compliance with Mandatory Reporting Laws To uphold the agency's commitment to child protection, all staff must adhere to applicable mandatory child abuse reporting laws. Compliance with these laws is outlined in provision (a) of this standard, which details the specific obligations and procedures staff must follow. By enforcing these regulations, the agency ensures the safety and well-being of all juveniles in its care.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 2, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall require all employees and external service providers to comply with Section 210.115 RSMO mandatory child abuse reporting laws. Residents can file a grievance to report sexual abuse and sexual harassment, but it will be treated as if the report was given verbally. Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity.

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

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 3, states, “When Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth. Staff will not reveal any information related to the sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decision.”

(d) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 2, section C. 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow residents 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. Bruce Normile Juvenile Justice Center Secure Detention Unit shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.”

(e) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 5, states, “If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. The PREA Compliance manager also reports the incident to the Child Abuse/Neglect Hotline. Documentation of notification shall be maintained by the PREA Compliance Manager. If allegations are reported to Bruce Normile Juvenile Justice Center regarding sexual abuse to a past resident the same procedures will be followed for a full investigation.”

The same procedures will be followed for a full investigation of sexual abuse in the Justice Center regarding sexual abuse.

(f) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 1, section A. 2, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the Program Manager.”

Conclusion:

The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Shift Supervisors 2. Detention Superintendent/PREA Coordinator <p>Interviews with specialized staff demonstrated that facility personnel would act promptly and respond appropriately upon discovering the incident.</p> <p>In the past 12 months, the facility has not been the subject of any investigations.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ affirms that when the agency or facility becomes aware that a resident faces a substantial risk of imminent sexual abuse, immediate action is taken to ensure the resident’s safety. Over the past 12 months, the facility has reported zero instances of residents being subject to such risks.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 3., states, “When Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024

Interviews:

1. Detention Superintendent/PREA Coordinator

The interview with the Program Director revealed her understanding of the protocol for handling allegations of sexual abuse involving residents confined at other facilities. She acknowledged her responsibility to notify the head of the facility where the alleged incident occurred within 72 hours, but emphasized that she would act immediately upon receiving such an allegation. Notably, no such instances have been reported in the past 12 months.

Provisions:

(a) The Bruce Normile Juvenile Justice Center adheres to a strict policy regarding allegations of sexual abuse reported by residents who were confined at another facility. This policy mandates that, upon receiving such an allegation, the head of the facility must promptly notify both the appropriate office of the agency or facility where the abuse is alleged to have occurred, as well as the relevant investigative agency. The facility remains committed to ensuring transparency and accountability in addressing these serious matters. Over the past 12 months, there have been no reported allegations of residents experiencing abuse while confined at another facility.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 5. a., states, “If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. The PREA Compliance manager also reports the incident to the Child Abuse/Neglect Hotline. Documentation of notification shall be maintained by the PREA Compliance Manager.”

(b) Notification Requirement and Compliance the Bruce Normile Juvenile Justice Center PAQ establishes that agency policy mandates the facility head to provide notification regarding allegations as soon as possible, with a maximum allowable time frame of 72 hours from the moment the allegation is received. The requirement outlined in this section aligns with provision (a) of this standard, ensuring adherence to established procedural guidelines.

(c) Documentation of Notification Compliance the Bruce Normile Juvenile Justice Center PAQ affirms that the facility maintains records demonstrating notification has been provided within 72 hours of receiving an allegation. Compliance with this requirement is supported by the provisions outlined in section (a) of this standard.

(d) The Bruce Normile Juvenile Justice Center PAQ outlines facility policy requiring that any allegations received from external agencies or facilities be thoroughly investigated in compliance with PREA standards. Over the past 12 months, the facility has not received any allegations of sexual abuse from other facilities.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA

	<p>Policy – Reporting, page 4, section 5. b., states, “If allegations are reported to Bruce Normile Juvenile Justice Center regarding sexual abuse to a past resident the same procedures will be followed for a full investigation.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024 3. Facility Manual First Responder and Coordinated Response <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Specialized staff 3. Detention Superintendent/PREA Coordinator <p>Interviews with both randomly selected and supervisory staff confirmed that all individuals were fully aware of their first responder responsibilities. Additionally, each interviewee attested to the fact that the facility has never encountered an allegation of sexual harassment or sexual abuse.</p> <p>Provisions:</p> <p>(a) The Bruce Normile Juvenile Justice Center adheres to a comprehensive first responder policy for addressing allegations of sexual abuse. This policy mandates that, upon receiving a report of sexual abuse involving a resident, the first security staff member to respond must take the following actions:</p> <p>Separate and Protect: Ensure the immediate separation of the alleged victim and abuser to maintain safety and security.</p> <p>Preserve Evidence: Protect and preserve any potential physical evidence. This includes instructing the alleged victim to refrain from actions that could compromise evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p>

	<p>Prevent Evidence Destruction by the Alleged Abuser: If the incident occurred within a time frame that allows for evidence collection, ensure the alleged abuser also refrains from actions that could destroy evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>In the past 12 months, zero allegations occurred where a resident was sexually abused. During the one allegation, the security staff member immediately responded, separated and reported the alleged victim and abuser. In the past 12 months, there have been zero allegations where staff were not notified within a period that still allowed for the collection of evidence.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section 4. a., states, “Bruce Normile Juvenile Justice Center Secure Detention Unit manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse as outlined in Policy and Procedures Section 12 Safety and Emergency Procedures.” Policy compliance can be found in Standard 115.365, within the facilities First Responder and Coordinated Response.</p> <p>(b) Response Protocol at The Bruce Normile Juvenile Justice Center. The Bruce Normile Juvenile Justice Center's PAQ outlines the facility's policy regarding first responder duties in cases of alleged sexual abuse. Specifically, if the initial responder is not a security staff member; they are required to instruct the alleged victim to refrain from any actions that could compromise physical evidence. Additionally, they must immediately notify security staff. Over the past 12 months, there have been no reported incidents in which a non-security staff member was the first responder to an allegation of sexual abuse.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Facility Manual First Responder and Coordinated Response

Interviews:

1. Random Staff
2. Shift Supervisors
3. Detention Superintendent/PREA Coordinator

Interviews with all staff demonstrated a clear understanding of the established procedures for responding to allegations of sexual abuse and sexual harassment. Staff affirmed that response protocols are designed to ensure coordinated actions in handling such incidents.

Each staff member attested to the presence of the PREA Blue Binder, which is in the Control Room. This binder contains the facility's PREA policies and outlines the necessary steps to take when an allegation is reported. Staff stated that they rely on the binder as a comprehensive resource for guidance in effectively addressing and reporting incidents in accordance with established protocols.

Site Observation:

The institutional plan effectively provides a clear and comprehensive framework to guide staff in fulfilling first responder duties. It outlines specific protocols, roles, and responsibilities that ensure swift and coordinated emergency response efforts. By incorporating well-defined procedures and training initiatives, the plan fosters a proactive approach to crisis management, enhancing overall preparedness and operational efficiency.

Furthermore, the plan emphasizes communication strategies and resource allocation, ensuring that staff members are equipped with the necessary tools and knowledge to respond effectively. The structured guidelines help eliminate ambiguity, reinforcing a sense of readiness and accountability across all levels of the organization.

Overall, the institutional plan demonstrates a strong commitment to safeguarding personnel and communities by providing clear direction and actionable steps for first responders.

(a) The Bruce Normile Juvenile Justice Center has established a comprehensive written institutional plan designed to coordinate responses to incidents of sexual abuse within the facility. This plan outlines specific roles and responsibilities for staff first responders, medical and mental health practitioners, investigators, and facility leadership, ensuring a streamlined, effective, and survivor-centered approach to handling such incidents. By fostering collaboration among key personnel, the facility aims to provide immediate support, preserve evidence, and uphold the highest standards of safety and accountability.

The facility provided a Facility Manual First Responder and Coordinated Response. Page 1 of the manual has two flow charts. One flow chart are directives to ensure abuse has been reported to the Child/Abuse Neglect Hotline. The second flow chart are directives to ensure those witnessing abuse intervened to stop the abuse from reoccurring. The remaining three pages include guidelines for the following:

- First Responder Protocols for Sexual Abuse
- Coordinated Response and First Responder to Sexual Abuse Guidelines
- First Responder, Abuse in Progress
- Upon discovering abuse of a youth in progress by either another youth or staff, or being alerted to abuse immediately following the incident:
 - Separate the victim and abuser – call for help, if needed
 - Use crisis intervention techniques as necessary to ensure safety
 - Separate witnesses
 - Contact the Detention Superintendent If Detention Superintendent is the abuser, notify Chief Juvenile Officer.
 - Contact law enforcement
 - Do not allow the victim or abuser to shower, was, use the toilet, change clothes, eat or drink, brush his/her teeth, or rinse his or her mouth
 - Attempt to preserve any bedding, clothing, towels or other items that could potentially be used as evidence.
 - Contact Child Abuse and Neglect Hotline
 - Provide emergency medical assistance, if necessary.
 - Take victim to a local medical provider for examination.
 - Observe the scene where the abuse was discovered, documenting the following:
 - Is anything out of place?
 - Are there any objects of note such as clothes?
 - Are there suspicious items on the floor?
 - Are there any obviously missing objects?
 - Are there puddles or stains?
 - What time is it?
 - Are the lights on?
 - Who is present in the area?
 - Assess and process the incident and situation
 - Document the incident using the Critical Incident Reporting System
 - Services First Responder Protocols for Sexual Abuse
 - First Responder, Recent Abuse
 - Upon receiving a report from a youth the he/she has been the victim of abuse in the last 72 hours.
 - Coordinated Response to Reports of Sexual Abuse
 - Staff/Timeframes and Responsibility, for:
 - First Responder
 - Detention Superintendent
 - PREA Compliance Manager/Facility Manager
 - Medical Personnel
 - Court Services Administrator

Conclusion:

The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>During interviews conducted with the facility's PREA (Prison Rape Elimination Act) Coordinator, it was determined that the facility has not entered into any collective bargaining agreements. The Coordinator provided insight into the facility's operational policies, emphasizing that employment conditions and staff-related negotiations are handled through direct administrative oversight rather than through union representation.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency has not entered into or renewed any collective bargaining agreements since the last PREA audit.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>Interviews with facility administrators confirmed their commitment to conducting thorough retaliation monitoring. They stated that all instances of monitoring would</p>

be documented either in the daily shift notes or within the resident's electronic file. Staff reported that retaliation monitoring would remain in place for a minimum of 90 days or for as long as necessary to ensure resident safety and well-being.

Site Observation:

There has been no indication of a need for retaliation monitoring over the past 12 months.

(a) The Bruce Normile Juvenile Justice Center PAQ outlines the agency's commitment to safeguarding all residents and staff who report sexual abuse or harassment, as well as those who cooperate in related investigations. The agency maintains a strict policy to protect individuals from retaliation by other residents or staff. To ensure compliance with this policy, the facility has designated the Detention Superintendent as the official retaliation monitor, responsible for overseeing the protection of affected individuals.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 3, section D. 1., states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall require all employees to respond and report immediately in accordance with Court Operating Rule 7 and Policy and Procedures Section 2 and Section 3, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

(a) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.11, PREA Policy – Reporting, page 4, section 6.a-c, states:

a. “In accordance with Court Operating Rule 7 Bruce Normile Juvenile Justice Center Secure Detention Unit provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the Detention Superintendent or designee. In instances where the Superintendent is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. Policy and Procedures Section 7 and Section 3 provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.”

b. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, housing assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation.

c. Bruce Normile Juvenile Justice Center Secure Detention Unit obligation to monitor

	<p>shall terminate if the allegation is unfounded.”</p> <p>(c-e) The Bruce Normile Juvenile Justice Center PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Rules of conduct/possible range of disciplinary actions, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>Interviews with facility administrators confirmed that isolation is not a practice within the facility.</p> <p>Site Observation:</p> <p>All cells are single cells, each with a toilet and sink.</p> <p>Prevision:</p> <p>(a) The Bruce Normile Juvenile Justice Center adheres to a policy ensuring that residents who report experiencing sexual abuse are placed in isolation only as a last resort. This measure is taken solely when less restrictive alternatives are insufficient to guarantee the safety of both the individual and other residents. Isolation is maintained only until a suitable alternative for ensuring safety can be arranged.</p>

	<p>Furthermore, the policy mandates that residents placed in isolation under these circumstances retain access to legally required educational programming, special education services, and daily large-muscle exercise. Over the past 12 months, no residents reporting sexual abuse have been placed in isolation.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 9.6, Rules of conduct/possible range of disciplinary actions, page 4, section Isolation for Sexual Victimization, states, "A resident placed in isolation for protection against sexual abuse will have full privileges with constant staff supervision. A review will be done every 30 days."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, dated 7/2024 3. Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report, dated 7/2024 <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>The interview with the Detention Superintendent confirmed that all investigations are conducted either by the Out of Home Placement Investigator Unit or the local Kirksville Police Department. The facility does not conduct its own investigations.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ affirms that the agency and facility have established policies regarding criminal and administrative investigations. These policies are designed to ensure compliance with legal standards and procedural integrity.</p> <p>While the facility maintains standard operating procedures for investigations, it does not conduct administrative or criminal inquiries. Criminal investigations are handled by the Kirksville Police Department, while administrative investigations fall under</p>

the jurisdiction of the Court Services Administrator from the Out of Home Placement Investigations Unit. This unit operates within the Children's Division under the Department of Social Services for the State of Missouri.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2, section 1. a-c., states, "Criminal and administrative agency investigations.

a. The Bruce Normile Juvenile Justice Center Secure Detention Unit shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined in Court Operating Rule 7 Section B and Policy and Procedures Section 2 and Section 3. Bruce Normile Juvenile Justice Center Secure Detention Unit has conveyed the PREA requirements to appropriate external investigating agencies.

b. When outside agencies investigate sexual abuse and sexual harassment, Bruce Normile Juvenile Justice Center Secure Detention Unit shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

c. An Incident Review is completed by administration after a substantiated report of sexual abuse/harassment. The review is completed by the Detention Superintendent, Court Services Administrator, and Chief Juvenile Officer. The Incident Review Form will be completed following the review."

(b) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.

(c) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.

(d) The Bruce Normile Juvenile Justice Center PAQ asserts that the agency does not discontinue an investigation solely on the basis that the individual who initially made the allegation later recants their statement. Each allegation is subject to thorough review, ensuring that all relevant facts are considered, and appropriate investigative protocols are followed to determine the validity of the claim.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 3, section e., states, "Bruce Normile Juvenile Justice Center Secure Detention Unit responsibility to report under this standard shall terminate if the youth is discharged from the Bruce Normile Juvenile Justice Center Secure Detention Unit."

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 3, section c., states, "An incident Review is completed by administration after a substantiated report of sexual abuse/harassment. The review is completed by the Detention Superintendent, Court Services Administrator, and Chief Juvenile Officer. The Incident Review Form will be completed following eh review. The investigation will not be terminated solely because the source of the allegation recanted the allegation."

	<p>(e) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(f) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(g) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>The facility provided a Missouri Department of Social Services – Division of Family Services Residential Program Unit Incident Report. This report would be used to document investigation incident reviews.</p> <p>(h) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(I) The Bruce Normile Juvenile Justice Center PAQ states there has been zero sustained allegation of conduct that appears to be criminal that was referred for prosecution, since the last audit date. Policy compliance can be found in provision (a) of this standard.</p> <p>(j) The Bruce Normile Juvenile Justice Center PAQ states the agency does not retain all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The facility does not conduct administrative or criminal investigations.</p> <p>(k) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(m) Policy compliance can be found in provision (a) of this standard.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Bruce Normile Juvenile Justice Center PAQ

	<p>2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, dated 7/24</p> <p>Interview:</p> <p>1. Detention Superintendent/PREA Coordinator</p> <p>Interviews with the Detention Superintendent confirmed that all investigations are conducted either by the Out of Home Placement Investigator Unit or the local Kirksville Police Department. The facility does not carry out its own investigations.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ affirms that the agency does not apply a standard of a preponderance of the evidence or any lower burden of proof in determining the substantiation of allegations related to sexual abuse or harassment. The facility itself does not assess or decide the validity of such allegations. Instead, all investigative outcomes are determined exclusively by external agencies.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <p>1. Bruce Normile Juvenile Justice Center PAQ</p> <p>2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, dated 7/2024</p> <p>Interview:</p> <p>1. Detention Superintendent/PREA Coordinator</p> <p>The interview with the Detention Superintendent confirmed that all investigations are carried out by the Out of Home Placement Investigator Unit and/or the local Kirksville Police Department. Throughout the investigation process, the Out of Home Investigators ensure clear communication by notifying the Detention Superintendent, who, in turn, informs residents accordingly.</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ outlines the agency's commitment to ensuring transparency and accountability in cases of alleged sexual abuse within its facilities. According to the policy, any resident who reports such an allegation is informed either verbally or in writing about the outcome of the</p>

investigation, whether it is substantiated, unsubstantiated, or unfounded. Over the past 12 months, there have been no criminal or administrative investigations conducted, and consequently, no residents were notified of investigation outcomes.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2, section 2. a. states, "Following an investigation into a youth's allegation of sexual abuse suffered in a residential facility, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and this would be documented on a Critical Incident Report Form".

(b) The Bruce Normile Juvenile Justice Center PAQ outlines that when an external entity investigates, the agency formally requests pertinent information from the investigative body to ensure residents are informed of the investigation's outcome. Over the past 12 months, there have been no investigations regarding alleged resident sexual abuse.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2, section 1. b. states, "When outside agencies investigate sexual abuse and sexual harassment, Bruce Normile Juvenile Justice Center Secure Detention Unit shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

(c) The Bruce Normile Juvenile Justice Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the residents' unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2-3, section 2. b. 1-3, states, "Following a youth's allegation that an employee member has committed sexual abuse against the youth, the PREA Compliance Manager shall subsequently inform the youth (unless Bruce Normile Juvenile Justice Center Secure Detention Unit has determined that the allegation is unfounded) whenever:

1. The employee is no longer employed at the facility;
2. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that the employee has been charged with a law violation related to a sexual abuse incident within the facility; or
3. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that the employee has been convicted of a law violation related to a sexual abuse incident within the facility.

	<p>(d) The Bruce Normile Juvenile Justice Center PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 2-3, section 2. c. 1-2, states, "Following a youth's allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that a petition has been filed against the alleged abuser, or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or 2. Bruce Normile Juvenile Justice Center Secure Detention Unit learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility. <p>(e) The Bruce Normile Juvenile Justice Center PAQ affirms that the agency maintains a policy requiring documentation of all notifications to residents as outlined in this standard. Over the past 12 months, there have been no instances of such notifications to any resident, in accordance with this policy.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 Investigations, page 3, section 2. d., states, "The PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, dated 7/2024

3. Court Operating Rule 7 – Missouri Circuit Court Personnel System

Interview:

1. Detention Superintendent/PREA Coordinator

Based on interviews conducted over the past 12 months, there have been no instances in which facility staff were disciplined for violating the agency's sexual abuse or sexual harassment policy.

(a) The Bruce Normile Juvenile Justice Center's PREA Audit Questionnaire (PAQ) affirms that all staff members are subject to disciplinary sanctions, up to and including termination, for any violations of agency policies regarding sexual abuse or sexual harassment.

The facility provided Court Operating Rule 7 – Missouri Circuit Court Personnel System. Page 2, section (c-d), state, “An employee who witnesses an act of sexual harassment has a responsibility to report such act to the immediate supervisor, unit manager, personnel officer, or appointing authority. Employees shall not abuse this policy by filing repeating frivolous complaints of sexual harassment.”

Section B. 15.6 states, “Any employee who violates this policy shall be subject to disciplinary action up to and including dismissal.”

(b) The Bruce Normile Juvenile Justice Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 1, section 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy, Court Operating Rule 7 and Policy and Procedures Section 2 and Section 3.”

(c) The Bruce Normile Juvenile Justice Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 1, section 1, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall be subject to disciplinary sanctions up to and

	<p>including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy, Court Operating Rule 7 and Policy and Procedures Section 2 and Section 3.”</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment. The facility program manager reports all investigations are reported to law enforcement and termination or resignation would not be a factor in the completion of an investigation.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, dated 7/2024 <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>During the audit cycle, interviews revealed instances where facility volunteers and contractors were subject to disciplinary action due to violations of sexual abuse or sexual harassment policies.</p> <p>Provisions:</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ outlines the agency's strict policy regarding sexual abuse. It mandates that any contractor or volunteer found to have engaged in such behavior must be reported to law enforcement agencies unless the activity is unequivocally non-criminal and to relevant licensing bodies. Furthermore, the policy ensures that individuals involved in sexual abuse are prohibited from any contact with residents. Over the past 12 months, there have been no instances of</p>

	<p>contractors or volunteers reported to law enforcement or licensing bodies for engaging in sexual abuse of residents.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, page 1, section 2. a., Corrective Action for Contractors and Volunteers, states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ outlines the facility's approach to handling violations of agency sexual abuse or sexual harassment policies by contractors or volunteers. In such cases, appropriate remedial measures are taken, including an assessment of whether further contact with residents should be prohibited. While the facility has not encountered an incident involving a volunteer or contractor engaging in sexual abuse or harassment, established remedial actions would include removal from the premises, restricted access, and possible termination of access.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy - Discipline, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>During interviews with the Incident Review Team, it was determined that residents who falsely reported allegations under the Prison Rape Elimination Act (PREA) would face disciplinary action if circumstances allowed. The team emphasized the importance of maintaining integrity in reporting processes while ensuring legitimate</p>

claims are addressed appropriately.

Investigators examined the motivations behind false allegations and the potential impact on facility operations, staff, and residents. Measures to prevent misuse of the PREA reporting system were discussed, along with strategies for fostering a culture of transparency and accountability.

Provisions:

(a) The Bruce Normile Juvenile Justice Center PAQ outlines that residents may face disciplinary sanctions only through a formal disciplinary process. This process is initiated following either an administrative finding of resident-on-resident sexual abuse or a criminal finding of guilt for such abuse. Over the past 12 months, the facility has reported zero administrative findings of resident-on-resident sexual abuse and no criminal findings of guilt for such incidents.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 2, section 4., states, “Behaviors that have fall under the zero tolerance policy and will have no warning and go to immediate consequences are the following: IMMEDIATELY ESCORT THE ACTING OUT RESIDENT TO THEIR ROOM AND TELL THEM YOU WILL BE BACK TO SPEAK TO THEM. If the resident won’t go to their room, then remove the other residents from that area.

- Physical Bullying- hitting, kicking, shoving, fighting, taking or destroying others property.
- Sexual Harassment- making sexual comments, jokes, gestures, or looks to another resident or staff. Calling others gay or lesbian; touching, grabbing, pinching or brushing up against another person in a sexual manner; flashing or mooning.
- Sexual Abuse to another resident or staff member
- Property Damage
- Behaviors that jeopardize the safety and security of the unit or residents- planning an escape, attempting an escape, attempting to injure a staff.

(b) The Bruce Normile Juvenile Justice Center PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months, zero residents were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 2, section 4. last paragraph, states, “Residents who engage in the above behaviors would be separated from the other residents during unstructured activities. Residents would participate in regular programming with staff supervising the interactions with the other residents. Residents may be

transferred to another facility or acute care depending on the referring Juvenile Officer.”

(c) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 2, section 4. first paragraph, states, “Staff will look at the circumstances of the incident, resident’s disciplinary history, and the sanctions or consequences imposed with similar circumstances. Staff will consider the resident’s mental disabilities if any, that may have contributed to the incident. Counseling will be offered to every resident after one of the above incidents.”

(d) The Bruce Normile Juvenile Justice Center PAQ affirms that the facility provides therapy, counseling, and other interventions aimed at addressing and correcting the underlying causes or motivations for abuse. While these services are available, the facility does not require offending residents to participate in such interventions as a prerequisite for access to rewards-based behavior management systems or other behavior-driven incentives. Additionally, participation in these interventions is not a condition for access to general programming or education.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page 1, section 3, states, “Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct.”

(e) The Bruce Normile Juvenile Justice Center's PAQ outlines that disciplinary actions against residents for engaging in sexual contact with staff are contingent upon determining that the staff member did not consent to such interactions.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page, second paragraph, states, “If a staff member consents to sexual contact from a resident, then the resident may not be disciplined.”

(f) The Bruce Normile Juvenile Justice Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.13 PREA Policy – Discipline, page, third paragraph, states, “All circumstances of sexual abuse/harassment or suspicion of sexual abuse/harassment must be reported and no consequences shall be imposed if the report is unsubstantiated.”

(g) The Bruce Normile Juvenile Justice Center PAQ states the agency prohibits all sexual activity between residents. Policy compliance can be found in provision (a) of this standard.

Conclusion:

The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, dated 7/2024 3. Ideation – Intent Assessment and PREA Questions, not dated 4. Bruce Normile Juvenile Justice Center -18+ Consent Reporting Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Specialized Staff 3. Mark Twain Behavioral LPC <p>Staff interviews confirmed that they would promptly contact the community provider whenever they received a disclosure of victimization or information regarding an abuser.</p> <p>While the program does not have dedicated mental health staff, Mark Twain Behavioral Health (MTBH), a community provider, offers crisis intervention services to the facility upon staff request. All disclosures will be documented using a Community Event Report Form and forwarded to the Department of Mental Health. As mandatory reporters, MTBH is required to report any known or suspected cases of abuse.</p> <p>Provisions:</p> <p>(a) At the Bruce Normile Juvenile Justice Center, all residents who disclose prior sexual victimization during the initial screening, as required by §115.341, are provided with the opportunity for a follow-up meeting with a medical or mental health practitioner. These follow-up meetings are conducted within 14 days of the intake screening to ensure timely access to necessary support and care. In the past 12 months there have been zero residents who disclosed prior victimization during the intake screening. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.</p>

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 1, section 1.a., states, “If the screening completed in accordance with Policy and Procedures Section 6- Screening, Intake, and Admissions indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with Policy and Procedures Section 14 Health Care Services.”

(b) Follow-Up Mental Health Support The Bruce Normile Juvenile Justice Center PAQ outlines that all residents who have previously perpetrated sexual abuse, as identified during the screening process pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. Furthermore, all residents are provided with the opportunity for a follow-up meeting within 14 days of their intake screening.

In the past 12 months, 100% of residents who disclosed a history of perpetrating sexual abuse during the screening process were seen by mental health professionals upon admission. Additionally, all residents, regardless of their disclosure status whether they have perpetrated abuse, been victimized, or neither were evaluated by mental health services upon entry to the facility.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 1, section 1.b., states, “If the screening completed in accordance Policy and Procedures Section 6- Screening, Intake, and Admissions indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening in accordance with Policy and Procedures Section 14 Health Care Services.”

The facility provided an Ideation – Intent Assessment and PREA Questions. The PREA questions include the following:

1. Do you consider yourself to be any of the following: Gay, Lesbian, Bisexual, Transgender, Intersex, Gender nonconforming, Heterosexual or refused to answer?
2. Do you have any concerns about your safety while you are in this facility? Do you have any concerns with your safety outside of this facility?
3. Have you ever been sexually abused by someone? Have you ever sexually abused someone?

(c) The Bruce Normile Juvenile Justice Center PAQ establishes that information shared among staff is strictly limited to purposes that support security and management decisions. This includes considerations for treatment plans, housing arrangements, bed assignments, work placements, educational programming, and

	<p>other relevant assignments. Additionally, information may be disclosed as required by federal, state, or local law.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 1.c., states, “Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights.”</p> <p>(d) Confidentiality and Informed Consent: Medical and mental health practitioners must obtain informed consent from residents before disclosing information regarding prior sexual victimization that occurred outside an institutional setting. This ensures that residents maintain autonomy over their personal history and confidentiality is upheld in accordance with ethical and legal standards. However, if the resident is under the age of 18, practitioners may report such information without requiring informed consent, following applicable laws and policies governing the protection of minors.</p> <p>Bruce Normile Juvenile Justice Center -18+ Consent Reporting Form. This form documents the residents disclosing a prior sexual experience and consents to staff being able to report to the proper authorities.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, dated 7/2024 <p>Interviews:</p>

1. Detention Superintendent/PREA Compliance Manage

The Detention Superintendent affirms that resident victims of sexual abuse will be provided with immediate and unrestricted access to emergency medical treatment and crisis intervention services, ensuring swift support and care in the event of victimization within the facility.

Provisions:

(a) Resident Care and Support Policy at The Bruce Normile Juvenile Justice Center, ensuring the safety and well-being of all residents is a top priority. In alignment with our PAQ standards, individuals who have experienced sexual abuse receive prompt, unrestricted access to emergency medical treatment and crisis intervention services. The extent and nature of these services are determined by qualified medical and mental health practitioners, utilizing their professional expertise to guide appropriate care. Additionally, medical and mental health staff maintain essential secondary materials related to such occurrences, ensuring thorough documentation and support.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section a., states, “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights.”

(b) If qualified medical or mental health staff are not on duty, staff would follow the coordinated response checklist directives, which include instruction to contact mental health practitioners.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section a., states, “The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the Detention Superintendent.”

(c) The Bruce Normile Juvenile Justice Center PAQ states resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy compliance can be found in provision (a) of this standard.

(d) The Bruce Normile Juvenile Justice Center PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	<p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section d., states, “Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Random Staff 3. Specialized staff <p>Interviews with residents and staff indicate that residents are well-informed about their access to emergency medical and mental health services. Over the past 12 months, there have been no reported instances of sexual abuse by residents.</p> <p>Site Observation:</p> <p>Throughout the facility Rainbow House brochures were observed.</p> <p>Provisions:</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ affirms that the facility provides comprehensive medical and mental health evaluations, along with appropriate treatment, to all residents who have experienced sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 3.a., states, “The facility shall offer medical and mental health evaluations and appropriate treatment in</p>

adherence to PREA Standards

115.383 in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights”.

(b) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 1.a., states, “If the screening completed in accordance with Policy and Procedures Section 6- Screening, Intake, and Admissions indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Bruce Normile Juvenile Justice Center Secure Detention Unit employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with Policy and Procedures Section 14 Health Care Services.”

(c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) The Bruce Normile Juvenile Justice Center PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests is applicable. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 2. a., states, “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including, pregnancy test, information about and access to emergency contraception, all information about lawful pregnancy related medical services, and sexually transmitted infection prophylaxis in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights. “

(e) The Bruce Normile Juvenile Justice Center PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services is applicable. Policy compliance can be found in provision (d) of this standard.

(f) They Bruce Normile Juvenile Justice Center PAQ states that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Compliance is substantiated in provision (b) of this standard.

(g) Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 2. d., states, “Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

(h) The Bruce Normile Juvenile Justice Center PAQ states the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

	<p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.14 PREA Policy – Medical and Mental Health Care, page 2, section 3. a., states, “The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with Court Operating Rule 7, Policy and Procedures Section 14 Health Care and Section 7 Juvenile Rights.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 PREA Policy – Investigations, dated 7/2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Court Services Administrator 2. Juvenile Officer in Charge 3. Detention Superintendent/PREA Coordinator <p>An interview with the facility administration revealed that sexual abuse incident reviews are conducted following each Administrative Investigation. Additionally, these reviews are revisited quarterly to evaluate the outcomes of each investigation.</p> <p>Provisions:</p> <p>(a) The Bruce Normile Juvenile Justice Center adheres to established procedures regarding the review of sexual abuse incidents. As stated in the facility's PAQ, a comprehensive review is conducted at the conclusion of every criminal or administrative sexual abuse investigation, except in cases where the allegation is determined to be unfounded.</p> <p>Over the past 12 months, there have been zero criminal, and zero administrative investigations of alleged sexual abuse completed at the facility. This reflects our ongoing commitment to maintaining a safe and secure environment for all individuals in our care. While no investigations were necessary during this period,</p>

we continue to uphold rigorous standards to ensure the safety, well-being, and protection of all residents and staff.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 PREA Policy – Investigations, page 2, 1. c., states, “An Incident Review is completed by administration after a substantiated report of sexual abuse/harassment within 30 days of the completed investigation. The review is completed by the Detention Superintendent, Court Services Administrator, and Chief Juvenile Officer. The Incident Review Form will be completed following the review. The investigation will not be terminated solely because the source of the allegation recanted the allegation.”

(b) The Bruce Normile Juvenile Justice Center PAQ specifies that sexual abuse incident reviews are typically conducted within 30 days of the conclusion of a criminal or administrative investigation. Over the past 12 months, the facility has not conducted any criminal or administrative investigations into alleged sexual abuse, nor have any sexual abuse incident reviews been completed within the designated 30-day time frame.

(c) The Bruce Normile Juvenile Justice Center PAQ affirms that the sexual abuse incident review team comprises upper-level management officials, ensuring a comprehensive review process. Additionally, the team welcomes input from line supervisors, investigators, and medical or mental health practitioners, fostering a well-rounded approach to incident evaluation. Compliance with this policy is outlined in provision (a) of the standard.

(d) The Bruce Normile Juvenile Justice Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. Policy compliance can be found in provision (a) of this standard.

(e) Implementation of Recommendations: The Bruce Normile Juvenile Justice Center ensures that all recommended improvements are carefully reviewed and considered. The facility takes proactive steps to implement suggestions that enhance operations, safety, and rehabilitation efforts. When a recommendation is not adopted, the center provides thorough documentation outlining the rationale for the decision, ensuring transparency and accountability in its commitment to best practices.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.12 PREA Policy – Investigations, page 3, d., states, “The PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes.”

Conclusion:

The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility,

	facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, dated 7/2024 3. Missouri Department of Social Services Data Collection Instrument <p>Provisions:</p> <p>(a) (c) The Bruce Normile Juvenile Justice Center PAQ asserts that the agency systematically collects accurate and uniform data for every allegation of sexual abuse occurring at facilities under its direct control. This process is conducted using a standardized instrument and a defined set of criteria to ensure consistency. At a minimum, the standardized instrument includes all data necessary to comprehensively respond to every question in the most recent version of the Survey of Sexual Violence (SSV) conducted by the U.S. Department of Justice.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 1, section 1. A-B, state, “Data collection, review for corrective action, storage, publication, and destruction.</p> <p>A. Bruce Normile Juvenile Justice Center Secure Detention Unit shall collect and aggregate incident-based sexual abuse data at least annually.</p> <p>B. Bruce Normile Juvenile Justice Center Secure Detention Unit shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary.”</p> <p>The facility provided a Missouri Department of Social Services Data Collection Instrument, which mandates that all state agencies collect data for every allegation of sexual abuse at facilities under their direct control.</p> <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the agency aggregates incident-based sexual abuse data at least annually.</p> <p>Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section</p>

	<p>E, states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall make all aggregated sexual abuse data, readily available to the public through the Second Circuit Juvenile Courts internet page at least annually.”</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Policy compliance can be found in provision (b) of this standard.</p> <p>(e) The Bruce Normile Juvenile Justice Center PAQ states the agency does not contract for the confinement of residents.</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states the Department of Justice has requested agency data for the year 2024.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Bruce Normile Juvenile Justice Center PAQ 2. OSCA – PREA Data for Calendar Year 2023 3. The Annual Report can be found at: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/ <p>Interview/Site Observation:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>An interview conducted with the PREA Coordinator and review of the 2023 Agency Annual Report demonstrated the report is developed annually with a comparison of annual numbers from previous years.</p> <p>Provisions:</p> <p>(a) The Bruce Normile Juvenile Justice Center PAQ states the agency reviews data collected and aggregated pursuant to</p> <p>§115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p>

	<ul style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>The facility provided the OSCA – PREA Data for Calendar Year 2023 for the Missouri Secure Detention DYS Contractual Sites CY23. This data reports:</p> <ol style="list-style-type: none"> 1. The number OCSA PREA Data – aggregate data for all facilities 2. Facility individual information 3. Staff Incidents Section 4. Facility comparison data for years 2021, 2022, and 2023 (this grid is on a separate chart from the annual report.) <p>(b) The Bruce Normile Juvenile Justice Center PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse.</p> <p>The facility provided an annual report titled: OSCA – PREA Data for Calendar Year 2023. This report includes the following information:</p> <p>(c) The Bruce Normile Juvenile Justice Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. The Annual Report can be found at: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/</p> <p>(d) The Bruce Normile Juvenile Justice Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Bruce Normile Juvenile Justice Center PAQ
2. Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, dated 7/2024

Interviews:

1. PREA Coordinator

Interviews with the PREA Coordinator confirmed that all data is securely stored within the agency's protected intranet, with access restricted to designated Department Supervisory staff. Additionally, aggregated and redacted data is made available to the public through the agency's website.

(a) The Bruce Normile Juvenile Justice Center PAQ states the agency ensures that incident-based and aggregate data are securely retained.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section D. states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall ensure that data collected are securely retained.”

(b) The Bruce Normile Juvenile Justice Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section E. states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall make all aggregated sexual abuse data, readily available to the public through the Second Circuit Juvenile Courts internet page at least annually.”

(c) The Bruce Normile Juvenile Justice Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.

Bruce Normile Juvenile Justice Center Standard Operating Procedure 17.15 PREA Policy – Data Collection, Review, Storage, Publication, Destruction, page 2, section E. states, “Bruce Normile Juvenile Justice Center Secure Detention Unit shall maintain sexual abuse data for at least 10 years after the date of its initial collection.”

(d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Conclusion:

The Auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the third audit cycle for Bruce Normile Juvenile Justice Center and the third year of the third audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(b) The agency has posted the current 2020, 2022 and 2023 PREA audit report, on their website.</p> <p>Conclusion:</p>

	<p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

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

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

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

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

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

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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

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

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

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

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

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

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

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

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	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.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

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

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

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

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

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

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

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

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

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

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