

PREA Facility Audit Report: Final

Name of Facility: Greene County Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/17/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 03/17/2025

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	02/17/2025
End Date of On-Site Audit:	02/18/2025

FACILITY INFORMATION	
Facility name:	Greene County Juvenile Justice Center
Facility physical address:	1111 North Robberson Avenue, Springfield, Missouri - 65802
Facility mailing address:	

Primary Contact

Name:	Danielle Tomasi
Email Address:	Danielle.Tomasi@courts.mo.gov
Telephone Number:	417-829-6132

Superintendent/Director/Administrator	
Name:	Danielle Tomasi
Email Address:	Danielle.Tomasi@courts.mo.gov
Telephone Number:	417-829-6132

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

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	7
Average daily population for the past 12 months:	11
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

<p>definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
<p>Age range of population:</p>	12-18
<p>Facility security levels/resident custody levels:</p>	max
<p>Number of staff currently employed at the facility who may have contact with residents:</p>	20
<p>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</p>	0
<p>Number of volunteers who have contact with residents, currently authorized to enter the facility:</p>	2

AGENCY INFORMATION	
Name of agency:	31st Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	1010 North Booneville Avenue, Springfield, Missouri - 65802
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Danielle Tomasi	Email Address:	danielle.tomasi@courts.mo.gov
--------------	-----------------	-----------------------	-------------------------------

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:

3

- 115.321 - Evidence protocol and forensic medical examinations
- 115.333 - Resident education
- 115.342 - Placement of residents

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-02-17
2. End date of the onsite portion of the audit:	2025-02-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Child Advocacy Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	11
16. Number of inmate/resident/detainee housing units:	1
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:	8
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

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>24</p>
<p>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:</p>	<p>2</p>

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:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	I interviewed all residents at the center during the onsite audit.
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interviewed all residents at the center during the onsite audit.

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

<p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the center during the onsite audit. There were no resident that had any disabilities noted in my interaction with the residents. The medical and mental health staff knew of no residents that were is disabled. I reviewed all of the residents intake and screening documents and found no disabled noted in the intake or screening documents</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the center during the onsite audit. There were no resident that were blind or low vision noted in my interaction with the residents. The medical and mental health staff knew of no residents that were is blind or low vision. I reviewed all of the residents intake and screening documents and found no blind or low vision noted in the intake or screening documents</p>

<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the center during the onsite audit. There were no resident that were deaf or hard-of-hearing noted in my interaction with the residents. The medical and mental health staff knew of no residents that were is deaf or hard-of-hearing. I reviewed all of the residents intake and screening documents and found no resident that were deaf or hard of hearing noted in the intake or screening documents</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>I interviewed all residents at the center during the onsite audit. There were no resident that were limited English proficient noted in my interaction with the residents. I reviewed all of the residents intake and screening documents and found no limited English proficient noted in the intake or screening documents</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>I interviewed all residents at the center during the onsite audit. There were no resident that indicated they were gay or bisexual noted in my interaction with the residents. The medical and mental health staff knew of no residents that were gay or bisexual. I reviewed all of the residents intake and screening documents and found no residents that were gay or bisexual in the intake or screening documents.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the center during the onsite audit. There were no resident that were transgender noted in my interaction with the residents. The medical and mental health staff knew of no residents that were transgender or intersex. I reviewed all of the residents intake and screening documents and found no transgender or intersex noted in the intake or screening documents</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I interviewed all residents at the center during the onsite audit. There were no resident that had made an allegation of sexual abuse noted in my interaction with the residents. I reviewed all of the residents intake and screening documents and found no resident that made an allegation of sexual abuse noted in the intake or screening documents. I review all of the investigative file and noted there was no one that had made allegations housed at the center doing my onsite audit.</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>I interviewed all residents at the center during the onsite audit. There were no resident that disclosed prior sexual victimization in my interaction with the residents. The medical and mental health staff knew of no residents that disclosed prior sexual victimization. I reviewed all of the residents intake and screening documents and found no disclosed prior sexual victimization noted in the intake or screening documents.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The center does not utilize segregation or isolation. During the tour of the center there were no residents isolated in their rooms. All of the resident were interviewed and indicated they had not been isolated.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>I inte4rview all residents at the center during the onsite audit.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>I interview all staff at the center for the 36 hours time period that I spent at the center.</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>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):</p>	<p>I interview all staff at the center for the 36 hours time period that I spent at the center.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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 checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
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.	Interview a staff member that does Yoga with the residents.

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 checked="" type="radio"/> Yes <input 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).

The center is temporarily housed on the second floor of the court building. The original building if being remodeled includes updates to the camera system and structural integrity of the building .

There is a front entrance for signing in and prior to be allowed access to the secure area of the facility. The facility has a control room that houses an updated monitoring area in which all cameras feed and or on display to the control room operator.

The building houses the lobby area; administrative area; video surveillance, control room; multipurpose room; staff briefing/training room; medical clinic; intake; and 16 single cells.

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

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

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

several cell phones that are utilized for all the residents call their attorneys and parents and once the party is on the line the residents can take the phone in their room

The residents were observed to be interacting with staff and were under the staff's direct supervision during dinner time and leisure activities. The education program was closed due to the weather. In counting direct care staff to residents, the ratio was noted to be 1 to 4 up to 1 to 6 during the awake part of the day. The night tour found the ratio to be 1 to 7 in the housing unit.

Residents were interviewed during the tour, and additionally when the residents were out of their rooms. All residents indicated they felt safe at the facility. Residents knew the facility administrator and indicated she speaks with them daily, including most weekends. Staff were engaging with the auditor. Each indicated they knew they had a responsibility to report all allegations of sexual abuse or sexual harassment. They also indicated that the administrative staff are in the back of the center on a continuous basis.

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

Documentation Sampling

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

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

Yes

No

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

Resident file review - 10 acknowledgement of orientation; 12 acknowledgement of 10-day video comprehensive training;
12 screening instruments
Staff 5 background check worksheets and one spreadsheet with background check for all staff.
Twenty-Three staff training acknowledgements
12 PREA unannounced rounds
3 administrative investigation 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	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	3	0	3	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	1	0
Staff-on-inmate sexual abuse	0	0	2	0
Total	0	0	3	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:

.3

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The center had no allegations of sexual harassment in the last 12 months</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The investigative files were completed by Of of Home investigator. The investigator utilize preponderance of the evidence to either substantiate or unsubstantiate the investigation. They do no utilize unfounded in their investigations.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Management and Communication Group

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making
	Manual Section 17 Prison Rape Elimination Act (PREA)
	Manual Section 17 Prison Rape Elimination Act (PREA) – Definition
	Manual Section 9 Disciplinary
	Agency Organization Chart

Facility Organization Chart

Interviews with

PREA Compliance Manager

Facility Superintendent

115.311 (a):

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

Greene County Juvenile Justice Center provided Manual Section 17 Prison Rape Elimination Act (PREA) and Manual Section 9 Discipline

Manual Section 17 Prison Rape Elimination Act (PREA) includes a policy that the facility has zero tolerance for any acts of sexual abuse, assault, misconduct or harassment. Sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, and juvenile and juveniles are prohibited and subject to administrative and criminal disciplinary sanctions. Policy includes definitions and the agency's approach to preventing, detecting, and responding to such conduct.

- All employees, contractors, juveniles, and volunteers are expected to have a clear understanding that the facility strictly prohibits any type of sexual relationship with an individual under Department supervision and considers such a relationship a serious breach of the standards of employee conduct, and these relationships will not be tolerated.
- Engaging in a romantic and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status, or imposition of criminal charges.
- Program staff must take prudent measures to ensure the safety of both youth and staff.
- Youth and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or harassment investigations, are protected from retaliation by other youth or staff. The facility compliance manager is responsible for monitoring retaliation.

Manual section 9 indicates failure to comply with the requirements contained in this policy and procedures may result in disciplinary action up to and including dismissal. All terminations for violations of agency sexual abuse policy, or

resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

In interview with the agency head, facility superintendent PREA Compliance Manager and conducting a thorough site review it is obvious that Greene County Juvenile Justice Center is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The agency has developed and implemented policies to comply with PREA standards for Juvenile Facilities. Residents with disabilities are afforded the same rights and will be provided with access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Greene County Juvenile Justice Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.311 (b):

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

The facility provided Manual Section 17 Prison Rape Elimination Act (PREA)

Agency organizational chart and interview with PREA coordinator.

The center is the only operational juvenile detention center. The assistant director serves as the PREA coordinator and PREA compliance manager. In interviews with the assistant director and superintendent the two of these staff work on implementing PREA standards as a team.

The Agency organizational chart clearly established that the PREA coordinator reports to the Superintendent

Interview with the PREA Coordinator. I have sufficient time and resources to oversee the implementation or PREA standards.

In interviews with the PREA coordinator and facility superintendent the two staff work in collaboration to ensure all areas of the PREA standards met or exceed the standards.

115.311(c)

The PAQ requires where an agency operates more than one facility, each facility

	<p>shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>The facility provided statement of fact and also codified that the PREA coordinator is also responsible for the duties of the PREA compliance manager.</p> <p>The center is managed by the Greene County Juvenile Judicial Circuit and houses youth through a contract with the Missouri Division of Youth Services.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	--

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making compliance determination</p> <p>PREA Contract Language</p> <p>Missouri Department of Youth Services Contracts</p> <p>Greene County Juvenile Manual Section 17 PREA</p> <p>Interviews with</p> <p>PREA Coordinator</p> <p>115.312 (a) (b):</p> <p>The PAQ requires a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The center provided statement of fact and MOU to house juveniles.</p> <p>The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012 or since the last PREA audit. The center has a MOU for housing juveniles for Missouri Youth Services, Missouri Judicial Circuits 28, 33 and 39 and for the Vernon County Sheriff's office.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>

115.313	Supervision and monitoring
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1174 376">Evidence relied upon in making the compliance determinations</p> <p data-bbox="280 412 469 448">Daily Rosters</p> <p data-bbox="280 483 699 519">PREA Pre-Audit Questionnaire</p> <p data-bbox="280 555 753 591">Staffing Plan Review - PREA 2024</p> <p data-bbox="280 627 638 663">Annual Assessment 2024</p> <p data-bbox="280 698 884 734">Greene County Juvenile Manual Section 17</p> <p data-bbox="280 770 466 806">313.313 (a):</p> <p data-bbox="280 842 1481 1415">The PAQ requires the agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p data-bbox="280 1451 1372 1487">The center provided Greene County Juvenile Manual Section 17, staffing plan</p> <p data-bbox="280 1523 1315 1559">Manual Section 17 Prison Rape Elimination Act (PREA) mandates that ng</p> <p data-bbox="280 1594 1468 1756">The Greene County Family Court Juvenile Detention Center has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect children against sexual abuse.</p> <p data-bbox="280 1792 1481 1953">The Center's staffing plan provides that there shall be a minimum of a 1 to 8 ratio of direct care staff to children within the facility during all hours. Direct care staff is defined as staff that provides immediate supervision to children. This plan shall be maintained except during limited and discrete exigent circumstances.</p> <p data-bbox="280 1989 1465 2069">If, at any time, the staffing plan is not complied with, the circumstances around the deviation from the plan shall be documented and justification for the deviation</p>

noted. The Assistant Superintendent or designee will submit an annual report to the Superintendent, listing the instances of non-compliance with the schedule, recommendations for staffing patterns, and review of the video monitoring system.

Each year the facility reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in June 2024 were found to be in compliance with this standard. The staffing plan included: (1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did report deviation from the staffing plan during the past 12 months. According to the PAQ the staffing plan is based on 16 residents.

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

313.313(b):

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

The facility provided has not had a deviation from the plan for the last 12 months.

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

The center had to pay overtime and utilize some non-essential staff in order to provide staff that ensured appropriate staff were available to meet the mandatory posts.

Randomly interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The facility's plan strives to maintain staffing ratios of a minimum of 1 staff to 8 residents at all hours of the day. The facility has had deviations in the ratios mandated by Greene County Juvenile Manual Section 17.

Throughout the audit the auditor made rounds throughout the facility. The ratio during the daytime was one to six on each visit. One tour for the overnight shift, the ratio was 1 to 7.

115.313 (c):

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

The facility provided Greene County Juvenile Manual Section 17 and an annual staffing assessments. daily rosters and interviews with random staff.

Greene County Juvenile Manual Section 17 - Juvenile Prison Rape Elimination Act mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The facility staffing plan for 2024 was submitted in January 2025. During the tour of the facility, the auditor found no blind spots or areas with residents present without supervision.

The facility administrator indicated in interview that the facility uploads the number of staff on duty, the number that is required to be on duty and the number of residents assigned and any special programs or resident out to outside services.

The staffing database is reviewed by the administrator every day.

115.313 (d):

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

The facility provided annual review for 2024 that documents the PREA Site Compliance Managers, along with the Program Directors, conducted an annual assessment to determine if staffing patterns, video monitoring systems, other technologies and resources are adequate to ensure the protection of students against sexual abuse.

115.313 (e):

The PAQ requires each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well

	<p>as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility.</p> <p>The center provided Greene County Juvenile Manual Section 17, unannounced rounds and interviews with intermediate staff members.</p> <p>Juvenile Manual requires Facility superintendent and PREA coordinator to conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of GCJJC that staff are not informing other staff when the shift supervisor, facility manager or regional administrators are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three weeks excluding weekends. Shift supervisor signed the logbooks on each day including weekends. Greene County Juvenile Justice Center has developed a PREA form that is utilized to conduct daily, weekly, and monthly unannounced rounds by administrative staff.</p> <p>The shift supervisors were interviewed as intermediate staff that conduct unannounced rounds. They indicated they conduct rounds during differing shift, each day including weekend and holidays. These rounds are documented. They indicated they don't tell staff when they arrive at the center or when they make rounds. They indicated they vary the days and times.</p> <p>Compliance was determined by review of policies, documentation, and interview with staff. During the audit the auditor visited all areas of the facility throughout the audit. During the visit the auditor counted the number of residents and number of staff in each area. The facility meets the requirement of this standard during each visit.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	---

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations
	Greene County Juvenile Manual Section 11.0 and 11.7 Security and Control
	Female and Male Announcements
	Training in Cross gender -gender

Cross-gender and transgender pat searches

Training Video on Guidance on Cross Gender and LBGTQ searches

Staff interviews

Resident interviews

115.315 (a):

The PAQ requires the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The center provided Greene County Juvenile Manual Section 11.0 Security and Control, Training Video on Guidance on Cross Gender and LBGTQ searches

Greene County Juvenile Manual Section 11.1 mandates Searches of a child's person or possessions and/or of the Center itself shall be conducted when there is sufficient reason to believe that the security of a Center is endangered or that contraband is present in the Center or under other circumstances necessary for the order and security of the Center. Indiscriminate searches and searches for reasons of punishment or harassment are prohibited . Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during conversation with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

All searches, regardless of type, shall be conducted by staff of the same gender as the child being searched except in exigent circumstances which shall be justified and documented in writing. Gender should be determined by asking the child what gender they identify as

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

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

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

During the tour of the center the auditor had conversations with staff and residents.

All staff indicated they don't conduct pat searches or strip searches of resident of the other gender. At the time of the audit 7 residents were housed at the center. All residents were engaged in a conversation during the on-site audit. All of the residents indicated they have never been searched by staff of the other gender.

115.315 (b):

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

The center provided Cross Gender and transgender pat searches facilitator guide and video of guidance on cross gender and transgender Pat Searches and policy 5.06

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

115.315 (c):

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

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

The facility provided Greene County Juvenile Manual Section 11.7 which clearly mandates that Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during conversation with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

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

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

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

115.315 (d):

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

The facility provided Greene County Juvenile Manual Section 17

Youth must be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

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

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

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

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

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

115.315 (e):

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

The facility Greene County Juvenile Manual Section 11.1 and interviews with staff and residents.

	<p>Section 11.1 prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, the facility determines genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>115.315 (f):</p> <p>The PAQ requires the agency shall train security staff in how to conduct cross gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>The facility provided training the provide guidance on Cross Gender and transgender pat search facilitator guide developed by the PREA resources center.</p> <p>A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>PREA Posters in English, Spanish,</p> <p>Zero Tolerance Poster English- Spanish English and Spanish Third-Party Posters</p> <p>GCJJC Manual section 17 PREA</p> <p>Language Telephone Contract</p> <p>Manual Section 4 Education programming</p> <p>Random Staff Interviews</p> <p>Resident Interviews</p> <p>Agency Head Interview</p>

115.316 (a)(c):

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

The facility provided Manual Section 17

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

The agency shall maintain documentation of child participation in these education sessions.

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to children through posters, child handbooks, or other written formats. The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

PREA manual indicates that the program shall take appropriate steps to ensure that students with disabilities (including, for example, students who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

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

communication with students with disabilities, including students who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

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

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

The facility contract with Language Line Solutions. The contract provides interpretive telephone services, one-on-one sign language services, and in-person services for investigative services. A review of the LLS website indicates that all of their staff are required to have at least two years' experience in providing even verbal or language line interpretive services.

The agency head interview indicated that the center rely on Video that are in English and Spanish with closed captions for each video. The agency mandates that the center provide services to comply with PREA standards which includes educating and protecting disabled residents.

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

115.316 (b)

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

The facility provided PREA manual Section 17 which mandates that information about services, consent forms, rights, and program rules, etc. are communicated to youth with the use of interpreters or other auxiliary aids. Also, these procedures will provide for an effective exchange of information between staff/employees, youth and/or families while services are being provided. All aid and/or assistance shall be provided by the facility without cost to the person being served.

GCJC will take such steps to provide reasonable accommodations as are necessary to ensure that disabled persons, including those with impaired sensory, hearing or speaking skills receive effective notice concerning benefits, services, or written

	<p>material concerning waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/certified interpreters provided under contractual service without cost to the person being served. The education department teachers are actively involved in providing these services to residents. Residents that are special education receive an Individualized Education Program meeting that includes parents, legal guardians, or child advocates.</p> <p>Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used for translating. The facility has a contract for language services including sign language services. Staff would read all the information required for an orientation into the facility and the comprehensive PREA training for residents that can't read. All of the residents interviewed were able to articulate the training programs, recalled the intake process and felt safe at the facility.</p> <p>Whenever communication accommodation is needed, the facility director or regional analyst is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth. It is the ultimate responsibility of the Regional Director to ensure all ADA needs are provided. In interviews with the mental health staff, this is accomplished by assistance of the education staff.</p> <p>The facility maintains an at-risk log that includes any medical or developmental concerns that require assistance in providing services to the residents. At the time of the audit there were no residents that was LEP and one resident that was cognitive disabled. All residents at the center were interviewed and indicated they had received the training through reviewing a video and staff member going over the PREA training Pamphlet.</p> <p>Compliance was determined by review of policy, language line contract, and interviews with clinical supervisor director, education staff, facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Greene County Juvenile Manual Section 3 – Personal Administration</p>

Five-year rescreening

Human resources staff interviews

Review of personnel files

115.317 (a):

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

The PAQ indicated that 25 employee background checks and 4 contracting background check has been completed in the last 12 months.

The facility provided Greene County Juvenile Manual Section 3, and PREA Questionnaire

Greene County Juvenile Manual Section 3, GCJJC shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who. 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. 4. GCJJC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.

The Department is cognizant of its status as a criminal justice agency and its special responsibilities in dealing with the youth population and has determined that it is appropriate to establish background screening and hiring requirements for all Department employees and volunteers as well as all contract provider owners, operators, employees, and volunteers.

Any person required to complete an assessment for direct-care positions, or undergo background screening as a condition of employment or volunteering services who refuses to cooperate in such screenings or refuses to submit the information necessary to complete the screening process shall not be employed or utilized as a volunteer until a background screening is completed and the outcome

of the screening states the person is eligible for employment. Any person already employed or working as a volunteer becomes disqualified.

GCJJC Manual requires every candidate for employment, as well as contractors, within the program to undergo and pass background checks, to include state and federal, prior to hiring. Every staff is required to undergo an additional background check every five years, or more frequently per state, licensing or contractual requirements.

Every volunteer will have background checks conducted prior to volunteering in the program. The background checks will be conducted in accordance with state, licensing or contractual requirements.

GCJJC 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. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. GCJJC shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with GCJJC:

115317 (b):

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

The facility provided Greene County Juvenile Manual Section 3.

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

The Manual mandates All contract providers and Department employees will be screened in accordance as a condition of initial employment and retention in those positions. Additionally, all provider and Department employees will be re-screened every five (5) years of continued employment.

Employment background screening shall be completed prior to hiring an employee

or utilizing the services of a volunteer, mentor, or intern.

An assessment shall be completed prior to the hiring of direct-care positions.

Employees and volunteers will report any arrest, which includes any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. If an employee or volunteer fails to report an arrest within 24 hours, they shall submit an explanation as to why the arrest was not timely reported. Failure to timely report an arrest may result in disciplinary action up to, and including, dismissal. Supervisors and/or Human Resources personnel will report the new arrest or notice to appear to facility superintendent, who will determine if the offense disqualifies the employee or volunteer from continued service.

A volunteer is never to be left alone with a student without at least sight observation by staff.

The program shall not hire or promote anyone who may have contact with students, and shall not enlist the services of any contractor who may have contact with students, who:

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

The human resources staff interview indicated prior to a promotion the staff feel out another questionnaire. We also do a Live Scan on perspective promotions. All people that apply to work at the center as full-time, part time or contractors must have completed a background check that is conducted by the Background Unit. We completed the PREA questionnaire on the DJJ employment application, prior to promotion and each year during the annual appraisal

115.317 (c):

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

The facility provided Greene County Juvenile Manual Section 3, The facility also provided form utilized to request this information.

GCJJC manual mandates the Department performs a background check prior to hiring any new staff. The Department will make the best efforts to contact all prior PREA regulated employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks shall be conducted every five (5) years for staff.

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

- i. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, facility, or other institution (as defined in 42 U.S.C.

1997);

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

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

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

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

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

During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. Greene County Juvenile Detention Center shall require the following background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ: 1. Criminal background or records check. 2. Child abuse and neglect registry check. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any past history of sexual abuse, sexual harassment including sexual harassment toward other staff. During the last 12 months the facility has conducted background checks on 155 people applying for a position at the facility. There one (1) contractor background check completed in the last 12 months. The medical and mental health staff background checks are completed by vendor, Vital Core. The center received notification that the person has been approved for entry into the facility. The vendor contractors are utilized by several centers and their background checks are conducted by the vendor.

GCJJC manual requires that the program 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 students.

Before hiring new staff who may have contact with students, the program shall:

(1) Perform a criminal background records check;

(2) Consult any child abuse registry maintained by the State or locality in which the staff would work; and

(3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.317 (d):

The PAQ requires the agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. GCJJC 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 Greene County Juvenile Manual Section 3 includes PREA questionnaire

Greene County Juvenile Manual Section 3 requires GCJJC 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.

Interviews with contracting staff indicated they have their background check completed before being employed by the local school district. The medical staff receive their background checks through the central office, who contacts the BSU to complete the background checks.

115.317 (e):

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

The facility provided Manual section 3 which requires all provider and department employees will be re-screened every five (5) years of continued employment.

The manual mandates that the program shall either conduct criminal background records checks of current staff and contractors may have contact with students or have in place a system for otherwise capturing such information for current staff. Criminal background checks will occur at least every five years, or more often as required by licensing, regulatory or contractual requirements

Human Resources indicated in an interview the center maintains of spreadsheet of when staff were hired and when the five year background check are required. The auditor reviewed the spreadsheet and five background check to verify the practice is accomplished.

115.317 (f):

The PAQ requires the agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The facility provided GCJJC manual section 3.

The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal. This includes having staff review and sign the PREA Questionnaire. The form that is presently utilized by the facility was approved in the past auditor; however it did not provide all the information required as noted in the PREA resource center questionnaire. The superintendent interviewed and agreed to update the questionnaire to provide more information on the annual appraisal.

The program shall also ask all applicants and staff who may have contact with students directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current staff. The program shall also impose upon staff a continuing affirmative duty to disclose any such misconduct.

According to the human resources staff are aware of this requirement and notifies her of all arrest including speeding tickets.

115.317 (g):

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

The facility provided policy manual.

Manual section 3 mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The Human Resources staff interviewed indicated that staff are made aware of their

	<p>duties to report and are told that the failure to do so could be grounds for termination.</p> <p>115.317 (h):</p> <p>The PAQ requires Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>The center provided Greene County Juvenile Manual Section 3.</p> <p>The manual mandate that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the human resources confirmed the facility would provide this information if requested to do so. Policy states the information would be provided when requested unless it is prohibited by law to provide the information. According to interviews with the human resources staff, the center would have the perspective candidate to sign a release statement, and they would send the requested information.</p> <p>Human Resources staff interviewed indicated that she would send the request to the center superintendent along with a sign request from the hiring agency and perspective employee.</p> <p>Based on the review of the documentation and the interview with the Facility Administrator and Human Resources staff, the facility is complying with all provisions of this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p> <p>It was recommended the center revise the questionnaire presently used to conduct yearly appraisals.</p>
--	--

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Greene County Juvenile Justice Center has been temporary moved to an existing housing area located on the main court house building while their original center is being refurbished. In interview with the agency head and center superintendent prior to the move additional cameras were installed in the present location. This was</p>

	<p>accomplished by a review of each area of the building for blind spots and areas that have a large number of youth congregated. There were cameras also installed in all of the youth rooms. These cameras were fixed with a black out area of the toilet.</p> <p>The refurbishing center is including additional high definition cameras, and updated monitoring equipment. This is being accomplished by a contracting agency that has not presented the final plan for approval by the PREA coordinator, superintendent and agency head.</p>
--	---

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>Greene Detention Center Manual Part 17</p> <p>Missouri Highway Patrol Evidence Protocol</p> <p>Interview with Child Advocacy Center</p> <p>Certification of Completion of SANE training</p> <p>PREA compliance manager</p> <p>PREA Coordinator PREA Compliance Manager</p> <p>115.321 (a):</p> <p>The PAQ requires that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The facility provided policy Greene Detention Center Manual Part 17 and Missouri Highway Patrol Evidence Protocol</p> <p>The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that forensic medical examinations are offered without financial cost to the victim. The facility also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner. It was further reported that when SANEs or SAFEs are not available, they do not offer a qualified medical practitioner performs forensic medical examinations.</p>

The Greene County Juvenile Detention Operations Manual policy states that “If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile”

The department will ensure administrative investigations and reviews are completed for all allegations, allegations that are criminal in nature.

Eleven random staff interviews confirmed an understanding of the facility’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. Staff interviews confirmed an understanding of the facility’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

The PREA Coordinator/ compliance manager interview indicated that the center has a MOU with Child Advocacy Center. The staff or residents can contact the program by telephone, mail, the Child Advocacy Center staff would come to the or the center would take the resident to the program.

115.321 (b):

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

The facility provided the department does not conduct criminal investigations into youth related sexual abuse reports. Local law enforcement, Missouri Highway Patrol and the Department of Children and Families conduct such investigation involving youth in Missouri.

As indicated in the PAQ the facility is not responsible for conducting administrative or criminal investigations. A memo dated February 16, 2022, written by the Missouri Department of Social Services states that “Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children’s Division Out of Home Investigation Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services”. Out of Home investigators conduct administrative investigation and management reviews, separate and apart for a criminal investigation.

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and

as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

Random staff interviewed knew staffs' responsibilities to protect the residents, secure the crime scene and notify the shift supervisor and Local Law enforcement. The center staff indicated they would move the residents to a safe location and have them not change clothes, wash or shower, not use the toilet and not brush their teeth.

115.321 (c):

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

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

The facility provided Greene Detention Center Manual Part 17 and MOU with Child Advocacy Center.

The Greene Detention Center Manual Part 17 states:

Residents will receive timely, unimpeded access to on-site and offsite emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Be offered access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners.

The center has a qualified SANE staff member at the center, however in interview she indicated she would not conduct a SANE as the center does not conduct criminal or administrative investigations.

In interviews with the CAC staff, the local Child Advocacy Center for the following services:

- Provide forensic interviews of the victim or victims
- If appropriate provide a forensic medical examination of the victim or victims at no financial cost to the victim
- Conduct a physical examination with a SAFE examiner
- Provide a victim/victim with information regarding community victim advocacy centers
- Cooperate with local or state law enforcement with the Missouri Children's Division on on-going investigation, by providing interview and examination results.

115.321 (d)(e):

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

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

The facility provided MOU with Child Advocacy Center

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

In interviews with CAC the program would provide victim advocacy and follow up services as required. This includes meeting with the family, attending court hearing, providing safe haven for the family, and follow up treatment as needed. This would continue when the youth left the center if they are from the geographical area. CAC indicated in interview that they are a member of the Missouri Coalitions Against

	<p>Sexual Violence and provide and receive training from the Statewide organization.</p> <p>115.321 (f)</p> <p>The PAQ requires to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.</p> <p>The facility provided memo to Out of Home investigators, and Missouri Highway Patrol Protocol for collection of evidence.</p> <p>The OHI Policy and Procedures Manual was reviewed. The manual provides a detailed description of the investigation process utilized by OHI to investigate allegations of sexual abuse and sexual harassment.</p> <p>The Missouri Highway Patrol Protocol provides direction in investigating sexual abuse allegations.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	---

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Greene County Juvenile Detention Operations Manual</p> <p>Referral for Investigation (Missouri State Patrol)</p> <p>Administrative Investigation files</p> <p>Interviews:</p> <p>Agency head</p> <p>Investigative Staff</p> <p>115.322 (a & b)</p> <p>The PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The agency shall have in place a policy to ensure that allegations of sexual abuse</p>

and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals

The facility provided that GCJJC does not conduct criminal investigations for residents related sexual abuse reports. Local Law enforcement handles such investigations involving youth in Missouri. Out of Home Investigators conduct administrative investigation and management reviews. If the youth is 18 years or older the Legal Services conduct investigation. In interviews with the facility superintendent, the center does not house anyone over 17 years of age.

Greene County Juvenile Detention Operations Manual states that “in compliance with PREA Standards, any allegation of sexual abuse, sexual assault or sexual harassment will be reported to the child abuse/neglect hotline and/or the appropriate investigative agency .

In the past 12 months, there have been three allegations of sexual abuse or harassment that were received at the center. All allegations did not rise to the level of criminal and were investigated by the Out of Home investigator. The local law enforcement was notified of all allegations and made the determination the allegations were not criminal and declined to investigate.

The interviewed agency head stated that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. The allegations would be investigated by Missouri Highway Patrol.

The Program Superintendent indicated she is responsible to ensure that the program maintains a separate file of all incident reports and has a system in place for tracking incidents.

115.322 (c):

The PAQ requires If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

As reported, the facility is not responsible for conducting administrative or criminal investigations.

Greene County Juvenile Detention Operations Manual states that Greene County Juvenile Detention Center will act in cooperation with the Missouri Children’s Division and the Missouri Highway Patrol in all investigations that arise from allegations of sexual abuse, sexual assault or sexual harassment of a resident. There has been no allegation that was referred to for criminal investigation during the last 12 months.

Out of Home investigative protocol are found on the Out Of Home website at <https://dssmanuals.mo.gov/child-welfare-manual/section-2-chapter-5-child-abuse-and-ne->

	<p>glect-reports-subsection-6-out-of-home-investigations-ohi.</p> <p>Compliance was verified by reviewing policies, procedures, Florida DJJ website and interviews with agency designee, facility administrator, investigators, staff, and PREA Coordinator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action plan is not required.</p>
--	---

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Greene County Juvenile Manual Section 17 PREA - Staff Training</p> <p>115.331 Employee training</p> <p>PREA Acknowledgement form</p> <p>PREA Skill Pro training curriculum Part one and Part 2</p> <p>PREA training 2024</p> <p>Rites of Passage Environmental Standard- Policy 331</p> <p>115.331 (a):</p> <p>The PAQ requires The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.</p> <p>The facility provided PREA Resource Center training power point presentation,</p>

Greene County Juvenile Manual Section 17 and PREA training Pamphlet

The agency trains all employees who may have contact with residents in the following matters:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

The Greene County Juvenile Detention Operations Manual has a detailed list of staff required trainings. The manual states that:

1. Employee Orientation - Before beginning direct care responsibilities, all new detention employees will receive a

minimum of 40 hours of orientation training which provides familiarization with the overall philosophy, purpose, and goals of the detention facility including working conditions and regulations. The specific items involved in this orientation shall be checked off on the Employee Orientation checklist to be filed in the employee's personnel file.

Until all orientation requirements have been met, new direct care staff will be teamed with properly trained co-workers and will shadow that co-worker.

2. Within the first year of employment new detention direct care staff shall receive a minimum of 40 hours of Fundamental Skill Training or its equivalent.

3. The Greene County Juvenile Detention unit will rely on in-house training programs as much as possible, enabling a larger number of staff to participate. Training opportunities on a state and national level will also periodically be made available to

detention employees. Instructional materials, manuals, videos, and directories are also available to staff in addition to on-line training.

4. Contractors and volunteers shall receive orientation and updated training appropriate to their respective duties and obligations. Contractors and volunteers who have contact with the residents will be trained on the zero-tolerance policy for sexual abuse and harassment prevention, detection, and how to report such incidents. Additionally, Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center.

5. Formal training programs will include requirements for completion, attendance, and recognition of completion.

Documentation of the training received will be kept for all employees, contractors, and volunteers in their personnel files.

The interviewed random sample of staff reported that they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The staff reported that they received the training as new hires and annually. The staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed.

The facility provides all staff and residents with a PREA brochure that provide an in-depth information on PREA and the facility's zero tolerance of sexual abuse or sexual harassment. This poster is located throughout the facility.

The center also conducts a general staff meeting on a monthly basis. PREA is one of the topics that is covered in each of the staff meetings.

115.331 (b):

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

The facility provided Greene Detention Center Manual Part 17

The Greene County Juvenile Detention Operations Manual has a detailed list of required trainings to include the unique needs of the juvenile residents, including males, females, transitioning, disabled and LGBT+.

115.331 (c):

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

training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

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

The PAQ indicated that the facility requires employees who may have contact with residents to document, via signature, that they understand the training they received. The facility will have the service providers, volunteers, and non-detention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report. The agency provides each employee with refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Interviews with non-direct care staff and contracting staff and files of non-direct care and contracting staff confirmed that all staff working at GCJJC receive the same training. All of the direct care staff that were interviewed indicated they had received initial PREA training during Pre-Service.

115.331 (d):

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

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

The agency document training, through employee signatures that employees understand the training they have received. The policy provides all training to be documented.

Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided all staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document reviewed verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually in the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor-led trainings.

Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records of staff. An interview with random staff also confirmed that they received the training and refresher training as

	<p>mandated by policy. Interviewed included questions about the specialized training programs. Staff were able to articulate an understanding of working with LGBTI youth.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	---

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Volunteers and Contractors Training</p> <p>Greene County Juvenile Manual Section 17 - Volunteer and contractor Training</p> <p>Volunteer/contractor training curriculum</p> <p>115.332 (a):</p> <p>The PAQ requires the agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>The facility provided Greene County Juvenile Manual Section 17 - Volunteer and contractor Training curriculum.</p> <p>Training curriculum outline includes:</p> <p>Agency zero tolerance</p> <p>Definitions</p> <ul style="list-style-type: none"> · Sexual abuse · Sexual harassment <p>Reporting Allegation of Sexual Misconduct</p> <p> Detecting Sexual abuse and sexual harassment</p> <p>Maintaining Professional Relationships with youth</p> <p>Summary</p> <p> PREA Acknowledgements Form</p>

Greene County Juvenile Manual Section 17 - Volunteer and contractor Training provide Volunteer and

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

Prior to having contact with the residents all volunteers and contractors receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Contracting staff that were interviewed indicated they receive training prior to contact with any residents. They also indicated they received training and sign an acknowledgement each year.

115.332 (b):

The PAQ requires the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The Greene County Juvenile Detention Operations Manual states that "contractors and volunteers shall receive orientation and updated training appropriate to their respective duties and obligations. Contractors and volunteers who have contact with the residents will be trained on the zero tolerance policy for sexual abuse and harassment prevention, detection, and how to report such incidents. Additionally, Medical staff and Mental Health Staff will complete respective training curricula provided by the PREA Resource Center. The facility requires the service providers, volunteers, and nondetention juvenile office staff sign an agreement acknowledging the facilities zero tolerance policy for sexual abuse and sexual harassment along with the duty to report.

All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.332 (c):

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

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information. During the last year the center had 5 contractors.

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

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>Greene County Juvenile Manual Section 17 - Youth Training and education</p> <p>PREA acknowledgement form</p> <p>PREA Brochures (Spanish and English)</p> <p>Special accommodations for disability</p> <p>Youth education sign in Youth training</p> <p>Education material</p> <p>Advocacy Posters including National Child Abuse</p> <p>Resident acknowledgement forms</p> <p>PREA Education Video</p> <p>Resident Files</p> <p>115.333 (a):</p> <p>The PAQ requires During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The facility provided PREA Juvenile intake pamphlet in English and Spanish and Greene County Juvenile Manual Section 17 PREA.</p> <p>The pamphlet and power point utilized for juvenile orientation program is captioned in English and Spanish. It provides the youth with the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>The trifold is a brightly colored with four pages of information to the newly arrived youth with the same information that the youth is able to keep on their person.</p> <p>The center conducts initial training for all new residents when received at the facility</p>

usually within 72 hours that provide all aspects of the training requirements. There were 78 residents that received in initial orientation in the last 12 months.

In interviews intake staff reported that the facility provides residents with information about the agency's zero- -tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. We ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero- -tolerance policy on sexual abuse and sexual harassment by providing the information to the residents and giving them a brochure. We will go over the information during orientation and there is postings throughout the facility.

All of the residents during the onsite audit were interviewed. Each resident reported that when they first came to the facility, they received information about the facility's rules against sexual abuse and harassment the day they arrived.

115.333 (b):

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

The facility provided PREA juvenile comprehensive power point presentation that they received during the intake process. Staff interviewed indicated they meet with the residents on the tenth day of their arrival and go over the power point presentation and have the resident sign they have discuss PREA with staff and understand PREA and the rules and regulation involving sexual activity. .

Resident interviewed that had been at the center for ten or more days indicated they had met with the staff and they staff had gone over the PREA information and the screening instrument.

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

effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. Special needs youth are provided training, that is age and maturity-based training per FOP Special Needs. Compliance was confirmed by review of the resident acknowledgement statement and interview with residents during the tour of the facility and in formal interview with 8 residents housed at the center during the onsite audit.

115.333 (c):

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

The facility provided Greene County Juvenile Manual Section 17 - Youth Training and education requires that residents receive such education upon arrival or transfer at the facility and shall receive education upon transfer to a different center to the extent that the policies and procedures of the resident's new facility differ from those of the previous center.

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

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

115.333 (d):

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

The facility provided Greene County Juvenile Manual Section 17, and language line contracts.

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident.

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

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

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

115.333 (e):

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

The facility provided Greene County Juvenile Manual Section 17 and acknowledgement forms

Manual Section 17 mandates that the facility shall maintain documentation of resident participation in these education sessions.

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

A file review of the eight residents housed at the center included an acknowledgement statement for orientation and comprehensive education when appropriate.

115.333 (f):

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

The facility provides posters and gave each youth a PREA information brochure when they arrive at the center.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There was PREA educational documentation noted throughout the facility including the lobby, visitation and living units.

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

	<p>They indicated that the staff that conduct PREA rounds will ask them questions about PREA.</p> <p>Exceed Compliance was determined by review of the agency policies, training curriculum, posters, and resident files and interviews with staff and residents.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>Greene County Juvenile Manual Section</p> <p>2 Investigator Certification</p> <p>115.334 (a):</p> <p>The PAQ requires in addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>In interview with the facility superintendent, she indicated that GCJJC does not conduct any form of administrative or criminal sexual abuse investigation. However, two staff members at the center have attended investigative training provided by the National Institute of Corrections.</p> <p>In interviews with Out of Home investigator and Legal Services investigators, their staff received the specialized training provided by the NIC.</p> <p>115.334 (b):</p> <p>The PAQ requires specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The facility provided the website for the NIC investigative curricula and in interviews confirmed the PAQ material is part of the NIC training.</p> <p>115.334 (c):</p> <p>The PAQ requires the agency shall maintain documentation that agency</p>

	<p>investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The agency provided certifications from all staff that have received the specialized training. There are 2 trained inspectors at the time of the onsite audit.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Greene County Juvenile Manual Section 17 -</p> <p>Specialized Training Medical-MH Medical training</p> <p>Mental health training</p> <p>PREA-Mental Health and Medical Professionals Specialized training for medical and mental health</p> <p>PREA-Mental Health and Medical Professionals Skill Pro Medical/Mental Health Modules</p> <p>115.335 (a):</p> <p>PAQ requires The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The facility provided Greene County Juvenile Manual Section 17 PREA - Specialized Training Medical-MH Medical training provides medical and mental health staff receive the regular PREA training and the specialized training. In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health</p>

practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.

115.335 (b):

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

The facility provided that forensic medical examinations are not conducted by the facility medical staff or mental health staff however the nurse has received this specialized training.

Medical and mental health staff that were interviewed indicated they do no conduct forensic examination at the center.

115.335 (c):

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

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

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

115.335 (d):

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

The facility provided staff training acknowledgement form and Greene County Juvenile Manual Section 17.

Manual section 17 requires that mental health and medical staff complete the general and refresher training provided for all staff members. Since this a diverse population of residents the clinical staff provide additional training on de-escalation, suicide prevention, recognizing the needs of transgender residents, and sexual orientation, gender identify expression.

A review of the training curriculum, acknowledgement documentation and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that exceeds the expectations of the standards.

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

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Detention Operations Manual</p> <p>Medical/Mental Health Screening</p> <p>Updated Medical/Mental Health Screening</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Random sample of residents</p> <p>PREA coordinator</p> <p>Greene County Juvenile Manual Section 17 - Screening (VSAB) Sample</p> <p>115.341 (a)(b)</p> <p>The PAQ requires within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Such assessments shall be conducted using an objective screening instrument.</p> <p>The facility provided Greene County Juvenile Manual Section 17 Screening</p> <p>Greene County Juvenile Detention Operations Manual states that “upon admission all juveniles will receive a mental health assessment by a professional mental health provider for the purpose of identifying suicidal tendencies, sexual abuse victimization and predatory risk to other residents” The initial screening occurs within four hours upon arrival at the facility to determine placement and their special needs. The medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files.</p> <p>The staff members conducting the intake process will complete the screening using the PREA screening tool and will immediately report any heightened risks to the supervisor on duty before making housing decisions. Residents will be reassessed as needed.</p> <p>110 residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:</p>

Staff Responsible for Risk Screening – The interviewed staff responsible for performing screening for risk of victimization and abusiveness reported that all residents are screened and allowed to disclose sexual abuse victimization at any time.

Residents are screened during intakes. The screening occurs within 72 hours. The information is ascertained by asking the residents the questions. In addition, we will review case notes or medical records. If a resident answers yes to a question more information is gathered with follow up questions/conversation. Residents risk level is constantly being reassessed at the facility.

115.341 (c):

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

The facility provided copies of the Risk of Victimization and Sexually Aggressive Behavior(VSAB) The screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the resident is or is perceived to be (LGBTQI) or gender nonconforming.

115.341 (d):

The PAQ requires This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The facility provided manual section 17 which mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours.

The screening staff interviewed indicated review the residents' court records, suicide screening reports, family information and any other documents that are provided to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes conversation with the resident in a private setting.

	<p>The screening staff indicated they introduced the screening instrument to the residents by explaining the purpose of the questions and acknowledges to the residents that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center. After the initial screening or prior to the screening the medical staff interviews the residents and conducts a medical screening. The nurse indicated she talks about sexual transmitted diseases and residents' perception of vulnerability.</p> <p>All residents that were interviewed indicated they received the screening when they they first arrive at GCJJC. The interviews were in a private office.</p> <p>115.341 (e)</p> <p>The PAQ requires the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>The facility provided manual section 17 which states that The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents</p> <p>In interviews with the intake staff, PREA coordinator, reported that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The information is provided to medical, mental health, and security staff that are responsible for housing assignments.</p> <p>During the tour of the facility the auditor noted that all computers were locked, the file room door was secure and there were no files or confidential information on anyone's desk.</p> <p>Based on the review of the agency Policy and procedures, observations and information obtained through staff and resident interviews, and review of resident files, the facility has demonstrated compliance with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.342	Placement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination

Greene County Juvenile Manual Section 17 - Placement of Youth

Statement of Fact

115.342 (a):

The PAQ requires the agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The facility provided policy Greene County Juvenile Manual Section 17 - Placement of Youth

Greene County Juvenile Detention Operations Manual states that “upon admission, and no more than 12 hours from admission, the Medical/Mental Health Screening will be conducted one-on-one with the juvenile and a staff member. This screening will be done by the staff members in such a way as to ensure the privacy of the juvenile (a). In compliance with PREA standards, if a juvenile reports any history of sexual abuse/assault on the Medical/Mental Health Screening that information will be provided to the Clinical Coordinator for follow up.

In interviews with the facility superintendent, the housing unit has two sides with a group area located in the center. Residents that score at risk are placed on the right side of the unit. Since the facility does not have a housing unit dedicated to females, female residents are housed on the right side of the housing unit. The center allows residents to go out into the center general area based on their score of predator or victim and sexual identity. The center does not utilize isolation.

Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk.

According to interviews with the PCM and staff that conducts screening, the mental health, PREA coordinator, and facility superintendent review the screening instrument and discuss the placement of residents.

115.342 (b):

The PAQ requires Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible

The facility provided policy Greene County Juvenile Manual Section 17 - Placement of Youth Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Residents have an option of refusing these services. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months.

The facility superintendent interviewed indicated that the center does not use isolation for any purpose. The center is single cell and so everyone has their own room. If we needed to separate a resident for fear or perceived fear of victimization, we would schedule the out of cell time, put on one-on-one supervision or move to another facility. Prior to making any decisions we would coordinate with the licensed mental health professional.

115.342 (c):

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

The facility Greene County Juvenile Manual Section 17 which clearly document Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in housing, bed, or other assignments solely based on such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status is not an indicator of likelihood of being sexually abusive.

The PREA Coordinator interview indicated the center only has one housing unit and does not have special housing units for LGBTI youth.

115.342 (d) - (f)

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

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

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

The facility Greene County Juvenile Manual Section 17 which clearly indicates When assigning a transgender or intersex youth to a male or female facility, staff shall consider on a case-by-case basis 1) whether a placement would ensure the youth's health and safety and 2) whether the placement would present management or

security problems. Serious consideration shall be given to the youth's own views with respect to his or her own safety.

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

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

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

Manual section 17 indicates placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the transgender or intersex student's own views with respect to his or her own safety.

115.342 (g)

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

The facility provided Greene County Juvenile Manual Section 17 which indicates transgender and intersex residents are offered the opportunity to shower separately from other residents The facility did have a transgender or intersex resident during the audit period.

115.342 (h)(i)

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

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

According to interviews with the facility administrator, the facility does not use isolation to separate residents. The facility has one-man rooms to house residents, however no rooms are in an isolated area. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months.

	<p>The agency PREA coordinator and facility administrator interviewed indicated that the center would comply with requirements of the standard if a detainee was placed in isolation. However, prior to isolating a resident an assessment would be completed, and alternative housing would be considered. The center has not utilized isolation.</p> <p>During a tour of the facility the auditor did not find any rooms that were isolated from other residents. In interviews with staff, all indicated they would never isolate a resident for fear of being sexually abused.</p> <p>Were the center have to utilize isolation as a last resort then policy Manual section 17 requires that If a student is isolated pursuant to paragraph (b) of this section, the program shall clearly document:</p> <p>(1) The basis for the program’s concern for the student’s safety; and</p> <p>(2) The reason why no alternative means of separation can be arranged.</p> <p>Post-allegation decisions regarding student housing will be reviewed by the MDT members.</p> <p>Every 30 days, the center shall offer each student described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from the general population.</p> <p>During the tour of the facility there were no isolated rooms located in the center. All staff asked about isolation indicated they are not allowed to utilize isolation. During the tour the auditor asked random staff to show him the isolation area. All of the staff I asked indicated they had no such room at the center.</p> <p>The mental health staff interviewed indicated she had never been asked to interview a resident for placement in an isolated area. She has been asked to interview residents that perceived they may not be safe at the center, however it has never resulted in isolating or transferring a resident.</p> <p>Compliance of this standard was determined by review of the screening instrument, interviews with medical and mental health director, and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination

Greene County Juvenile Manual Section 17 PREA -

Mail and phone procedures. (site review)

Youth reporting Posters

Chapter 210.115 of state statute provides guidance on the state mandated reporting requirements

Interviews

Random and Targeted Residents

PREA compliance manager

Random Staff

115.351 (a)

The PAQ requires the agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility Greene County Juvenile Manual Section 17, youth reporting posters, PREA brochures

Manual section 17 indicates resident reporting states:

1. Missouri Administrative Code Chapter 210.115 requires that any allegation of sexual misconduct or youth-on-youth sexual activity be reported to the Child Abuse Hotline. The person making the report shall provide basic information such as the date and time of the incident, where the incident occurred, the supervising staff, and who may be involved. There is no time limit on when a youth may report an allegation of sexual misconduct. Youth shall be provided multiple internal ways to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.

2. Facilities must ensure all 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, developmental, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual misconduct. The facility must also ensure meaningful access to its efforts to prevent, detect, and respond to sexual misconduct to youth who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility may not use youth as interpreters, readers, or other assistance to perform such functions except in limited circumstances where an extended delay in obtaining an effective interpreter/reader/assistant could compromise the youths'

safety, the performance of the first responder duties, or the investigation of the youth's allegations.

The above policies and External reporting mechanism identifies the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are reporting to the Department of Children and Family hotline. Reports to this entity will be received and will be forwarded to the Out of Home investigator and local Child and Family program. Policies also identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/ or parent/ guardian, staff providing access to the hotline without asking the resident the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of residents. Missouri Law explicitly mandates reporting of sexual abuse sexual harassment. It also established a State Child Abuse Hotline which is under the supervision of the Department of Children and Family Services.

Residents are advised during orientation and on poster throughout the facility to talk to, call or send a letter or note to any of the following: A staff member you trust. Program Administrator Your attorney or advocate Your parents or guardians, Child Abuse Hotline. Residents have the right to privately report sexual assault, abuse, harassment or 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 to Direct Care Staff,

Volunteer, Intern, Supervisor, PREA Compliance Manager, and Facility Administrator Resident can request facility staff call Sexual abuse Hotline (DCF), victim advocate center to make an allegation of sexual abuse or sexual harassment. The center has multiple cell phones located in the control room that residents can utilize to make a report to the Child Abuse Hotline.

The facility provided an PREA brochure that provides the many ways that resident can make a report of an allegation of sexual abuse or sexual harassment. The brochure is provided to each resident and is located in each of the housing units, educational wing, multipurpose room, visitation area and front entrance to the facility. It was visible during the onsite audit. The brochure indicated that youth can:

Youth can call the Missouri Abuse Hotline or notify staff or complete a PREA Reporting Form. Youth will have immediate access to call the abuse hotlines by asking the staff. As long as the safety and security of the youth, the facility and the staff are not jeopardized, the youth will have unlimited access to use the telephone to call the Missouri Child Abuse Hotline. The staff cannot refuse youth access to the Missouri Child Abuse Hotline. You can report a PREA Incident at any time. There are PREA boxes located throughout the building: Dining Hall, All of the housing units and the Multipurpose room.

These programs were called using the telephone available for residents. In each case the auditor was able to make a report to the program. The Child Abuse Hotline

indicated they would report to the Department of Children and Family Services and local law enforcement. The hotline indicated a resident could make a report anonymously and did not have to use their names when making a report.

PREA coordinator indicated in interview that by contract ROP utilizes the Missouri Department of Juvenile Justice reporting system.

Seven residents were interviewed. Each of the resident were able to articulate at least two ways to report and allegation of sexual abuse or sexual harassment. All of the residents knew that the call to the Child Abuse Hotline would be confidential and private. All of the residents had seen the PREA posters that had multiple ways to make a report.

115.351 (b):

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

Greene County Juvenile Manual Section 17 requires the facility shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may call the Child sexual abuse hotline. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission and that mandates staff not to question residents about the reason for the call. The facility also has the national child abuse hotline posters located throughout the center.

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

115.351 (c):

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

Greene County Juvenile Manual Section 17 requires Any staff, contractor(s), or volunteer(s) who receives a report of a sexual misconduct or possible sexual misconduct must ensure that it is reported to the Child Abuse hotline, local law enforcement if criminal in nature. Reports can be received verbally, in

writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. Apart from reporting to supervisors or officials and designated state or local service agencies, staff are prohibited from revealing any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff who follow up to report the allegations shall not be afforded anonymous status.

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

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

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

Staff members interviewed were aware of their duty to receive and document third party reports. Staff indicated they would accept a verbal report, complete an incident report, notify the shift supervisor and call Child Abuse hotline as soon as possible not to exceed three hours.

115.351 (d):

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

The facility provides residents with access to tools necessary to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit and while on the site review, the auditor observed the accessibility of writing utensils to the residents.

Administrator and must immediately notify the Sexual Abuse Registry Hotline. Staff and Facility Administrator confirmed that staff may report directly to the facility administrator, and he will coordinate with the staff to call sexual abuse hotline, local law enforcement and legal guardian.

	<p>115.351 (e):</p> <p>The PAQ requires the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Manual section 17 provide ways staff may make anonymous reports of sexual abuse and sexual harassment of residents to their local law enforcement, Child abuse hotline or facility superintendent or the PREA Coordinator. Reporting posters were located in the staff break area.</p> <p>All staff interviewed knew of the ways they could make an anonymous report.</p> <p>Compliance was determined by review of posters, policy, and interview with staff, calls to child abuse hotline, and PREA Coordinator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17</p> <p>Greene County Juvenile Manual Section 7 Child Grievance Procedure</p> <p>Youth Grievances Forms</p> <p>15.252 (a):</p> <p>The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>The facility provided Greene County Juvenile Manual Section 7 Child Grievance Procedure and Greene County Juvenile Manual Section 17</p> <p>Greene County Juvenile Manual Section 7 Child Grievance Procedure provides that Upon admission, children shall be informed of their right to register complaints about their treatment at the Detention Center and to file a grievance, if necessary.</p> <p>Children with complaints shall be encouraged to first communicate their concerns informally by discussing the matter with the appropriate staff person.</p> <p>Although there is a grievance procedure available for children, allegations covered</p>

by the Prison Rape Elimination Act (PREA) shall not be communicated by children through this procedure. (See Part 17: PREA)

Youth shall be provided multiple internal ways to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Resident may file a grievance regarding sexual abuse or sexual harassment. However, the director will forward the grievance to Out of Home investigator or local law enforcement for investigation. The facility will not undertake investigations of the grievance, however if it is an emergency grievance and the resident claims or appears to be imminent danger or if the grievance claims staff member sexual abuse, the facility director will take immediate steps to protect the resident, to preserve the crime scene and to remove the staff from the areas where the resident is housed or placed staff member on administrative leave pending investigation.

Instructions on how to file grievances are provided to residents during intake and PREA posters. In the past 12 months there have been 3 allegations of sexual abuse or harassment that have been made through the grievance process.

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

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

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

115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents.

	<p>The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In an interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p>115.252 (f): Residents may file an emergency grievance if they feel they are subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Superintendent will ensure that immediate corrective action is taken to protect the alleged victim.</p> <p>115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.</p> <p>Staff and residents interviewed were aware of the grievance system and how to access forms and pencils and were aware of the location of the grievance box.</p> <p>Compliance was determined by reviewing the policies, interviewing PREA compliance managers, residents, and presence of grievance provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents in the residents' handbook and PREA posters.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>MOU/ Interview</p> <p>National Child Abuse Hotline Poster</p> <p>Victim Advocate Brochures</p> <p>Victim Advocate Posters</p> <p>Interviews with</p>

Facility Superintendent

PREA Compliance manager

Executive Director of Child Advocacy Center

Residents

115.353 (a):

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

The facility provided Greene County Juvenile Justice Center Manual Outside Support Services, MOU with Child Advocacy Center, Child abuse Hotline, Poster for Us Citizenship and Immigration Services.

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

MOU with Child Advocacy Center provides emotional support, counselling, follow-up support, and referral for treatment after release or transfer to another facility. The staff indicated that besides providing victim advocacy, they provide a telephone number that will allow the resident to talk to a trained counselor for emotional support. They would also make arrangements to visit with the victim or have the victim taken to them or another location if allowed by the facility. The center is also utilized for investigation interviews and SANE. In interviews with the center, they have a working relationship with local law enforcement to reduce trauma that victims of sexual abuse as part of the investigative process. The center indicated there is a victim advocate that is present with permission from victims of sexual abuse, incest, or human trafficking.

Poster for Citizenship and Immigrations is in English and Spanish and is located in the living units, multipurpose room and front entrance.

The GCJJC does not house residents for civil immigration purposes. There are

posters located throughout the facility regarding US Citizenship and Immigration Services and corresponding address and telephone number.

Seven residents were interviewed regarding the Child Advocacy Center. All were well aware of the program, the program services, and how to contact the program, that the calls were free, and you could call at any time.

The center also employs a full-time therapist that has been trained on victim advocacy and emotional support and provided copy of the training certification.

115.353 (b):

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

The facility provided Greene County Juvenile Justice Center Operations Manual and MOU with Child Advocacy Center.

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

115.353 (c):

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

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to residents. In interviews with the Child Advocacy Center, they indicated that they have a Partnership agreement with Palm Beach Youth Academy

115.353 (d):

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

The facility provided Greene County Juvenile Detention Center Operations Manual -Mail and Detention Resident Handbook:

a. Correspondence with custodians, legal representatives, juvenile officers, and governmental agencies may be sent and received without approval.

b. Correspondence with other family members, friends, and businesses shall require the approval of the custodian. The assigned Juvenile Officer may also restrict correspondence that the custodian has otherwise approved, on the basis that such correspondence may impede investigation of illegal activity or if the person whom the resident juvenile wishes to correspond is under court jurisdiction for delinquent behavior.

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

According to interview with the facility superintendent, attorney or residents can request telephone call and the facility will make arrangement to make the calls. However, if the attorney comes to the center, they will be allowed to talk to the residents.

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

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

The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal. The residents can contact their attorney by requesting an attorney call and staff will expedite the call and let the resident call from a private office.

	<p>The PREA compliance manager indicated that attorneys or residents can set up a call time and the residents is allowed to use one of the cell phones located in the control room and used a private office to talk to their attorney.</p> <p>The PREA compliance manager indicated they do the same thing with parents if it is an emergency or if the resident needs to talk to parents about private matters.</p> <p>Residents interviewed formally and informally while touring the facility indicated they are allowed to visit their families and are allowed to talk privately with their parents or legal counsel.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Posted Information</p> <p>PREA Brochure</p> <p>Greene County Juvenile Manual Section 17 PREA- Third Party Reporting</p> <p>115.354 (a)</p> <p>The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The center provided Greene County Juvenile Manual Section 17 and posted third party reporting procedures.</p> <p>Greene County Juvenile Manual Section 17- Third Party Reporting process, states that “staff must respond with an incident report any time a resident makes allegations of sexual assault, abuse or harassment whether made in writing, verbally, anonymously or byway of a third party</p> <p>All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child abuse hotline.</p> <p>Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information.</p> <p>Reporting Posters were posted in the visitation room during the audit and the main</p>

	<p>lobby of the facility. The posters contain phone number and the various ways for families to make notification of sexual abuse or sexual harassment to GCJJC. The poster a brightly colored and was posted in the front lobby and the visitation room.</p> <p>The center also had the reporting to the National Child Abuse Hotline located in the visitation area.</p> <p>The PREA auditor called the DCS hotline services from his personal telephone and reached a live person.</p> <p>A review of the Greene County Juvenile Center website site contained a Third party reporting form and instruction on contacting the program supervisor by though the website.</p>
--	--

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 PREA; - Reporting Allegations</p> <p>Staff PREA Education and Training</p> <p>Missouri Code Chapter 210.115</p> <p>Interview</p> <p>PREA Coordinator/ Compliance Manger</p> <p>Facility Administrator</p> <p>Random Staff</p> <p>Medical and Mental Health Staff</p> <p>115.361 (a) (b):</p> <p>The PAQ requires The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>The facility provided Missouri Chapter 210.115, Greene County Juvenile Manual</p>

Section 17 PREA; - Reporting Allegations and Staff PREA Education and Training.

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

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

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

4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who does not receive specified medical treatment by reason of the legitimate practice of the religious belief of the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall not be found to be an abused or neglected child, and such parents, guardian or other persons legally responsible

for the child shall not be entered into the central registry. However, the division may accept reports concerning such a child and may subsequently investigate or conduct a family assessment as a result of that report. Such an exception shall not limit the administrative or judicial authority of the state to ensure that medical services are provided to the child when the child's health requires it.

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

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

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

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

9. For the purposes of providing supportive services or verifying the status of a youth as unaccompanied or homeless for the purposes of accessing supportive services, the fact that a child is an unaccompanied youth as defined in 42 U.S.C. Section 11434a(6) is not, in and of itself, a sufficient basis for reporting child abuse or neglect, unless the child is under sixteen years of age or is an incapacitated person, as defined in section 475.010. Nothing in this subsection shall limit a mandated reporter from making a report under this section if the mandated reporter knows or has reasonable cause to suspect that an unaccompanied youth has been

or may be a victim of abuse or neglect.

Greene County Juvenile Manual Section 17 requires All staff, contractors, and volunteers are required to immediately report any knowledge, suspicion, or information received regarding 1) any incident of sexual misconduct that has occurred in a facility; 2) retaliation against youth or staff who report sexual misconduct; and 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the Youth Services Hotline, local law enforcement if criminal in nature, and Out of Home investigators.

In interviews with the mental health staff they indicated that during the intake process, residents are informed of the facility's duty to report and the limitations of confidentiality. Medical and Mental Health Staff meet with the residents upon arrival at the facility. During this intake process residents are informed of their duties to report and sign an acknowledgement form.

4. Employees, Contractors, and Volunteers are required to immediately report any of the following:

a. Knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or exploitation that occurred in the facility.

b. Retaliation against residents or employees who reported such an incident.

c. Any employee, contractor, or volunteer neglect or violation of responsibilities that may have contributed to an incident or retaliation.

3. Any employee, contractor, or volunteer suspecting abuse, neglect, or exploitation must immediately report the incident to DJJ CCC and child abuse registry hotline. Following a report, the employee, volunteer, or contractor suspecting sexual abuse or sexual harassment will immediately notify the PREA Compliance Manager or Administrator On-Duty.

4. If an alleged crime occurs against a child or adolescent, the PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities.

5. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified.

6. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation.

All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented.

Greene County Juvenile Manual Section 17 - Reporting Allegations and Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.361 (c):

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

The facility provided Greene County Juvenile Manual Section 17 and staff training.

Manual Section 17 indicates that only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive, and non-judgmental.

Eleven random staff were interviewed. Each of the people interviewed knew they were mandated reporters and were aware that they report to their shift supervisor and Child abuse hotline and only to another person such as medical on a need-to-know basis. All staff interviewed indicated they are able to make an anonymous report calling the Child abuse hotline.

115.361 (d):

The PAQ requires (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting. The medical staff interviewed indicated medical does a medical appraisal as soon as they arrive at the center. During the appraisal the residents are advised of their duty to report and explain the reporting process. If the resident is 18 years or older, the medical staff indicated that if they report sexual abuse or neglect that did not happen in a facility and did not happen

prior to them turning 18 they would have to get another consent form to make a report.

115.361 (e):

The PAQ requires 1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The facility provided interviews with PREA Compliance Manager and Superintendent and procedures and Greene County Juvenile Manual Section 17

GCJC staff are trained in the following.

1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Greene County Juvenile Manual Section 17 further mandates that the PREA Compliance Manager, Administrator On-Duty, or designee shall immediately notify law enforcement authorities. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented.

In interview with the Facility superintendent Missouri Department of Justice mandate that the person with the most information on an incident or the facility superintendent will contact the Out of Home investigator and Child Abuse hotline as soon as being made aware of any sexual abuse or sexual harassment that occurs within the program, regardless of if it happened in the center or while away from the center.

	<p>It is the responsibility of the superintendent to notify the parents, case manager, attorney, child abuse hotline and to document the notification including date, time and person they advised.</p> <p>115.361 (f):</p> <p>The PAQ requires the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>The facility provided Greene County Juvenile Manual Section 17 and staff training:</p> <p>Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PREA Coordinator or superintendent.</p> <p>Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.</p> <p>The center has not had 3 allegation of sexual abuse or sexual harassment in the last 12 months.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	---

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Agency Protection Duties</p> <p>Interview</p> <p>PREA Coordinator/compliance manager</p> <p>Facility Administrator</p> <p>Random Staff</p> <p>ROP agency head</p> <p>Agency head</p>

PAQ

115.362 (a)

The PAQ requires when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents.

The Greene County Juvenile Detention Center Operations Manual provides the following guidance:

a: If a juvenile alleges sexual abuse or assault by a staff or another juvenile or staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going abuse, the following protocols will be followed:

The juvenile will immediately be placed in a protective environment pending initial investigation.

1. If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure the safety of all residents.

2. If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room.

Once the youth is protected the Superintendent, Assistant Superintendent and Family Court Administrator will be contacted immediately.

If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs.

The child abuse/neglect hotline will be called within 1 hour

The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating drinking or eating.

Mental health/victim services will be made available if appropriate or requested.

All staff on shift must complete a Critical Incident Report outlining the details of the incident, and follow up actions, prior to leaving their shift

During the formal interviews with residents the auditor asked each resident about their feelings of safety at the center. All residents indicated they felt safe and the staff at the center were available to them if they had any concerns.

	<p>The Agency Head, the PREA coordinator and facility administrator all indicated that staff have a duty to immediately provide protected measures to protect a resident from sexual abuse or perception or fear of being sexually abused.</p> <p>The agency head indicated that staff should immediately notify the supervisor, move the residents to a safe area or another facility if needed, notify law enforcement and superintendent immediately.</p> <p>The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse, they will separate the involved parties, monitor them, and keep a close eye. Such actions will be taken immediately. Four of the staff indicated they would take the resident to the shift supervisor or facility assistant director if the administrative staff was still on duty. The other staff indicated they would take the resident to the control room or conference room and call the highest-ranking staff on duty or call and determine the best placement of the resident.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Reporting to other facilities</p> <p>Statement of Fact</p> <p>Interviews</p> <p>Facility Administrator</p> <p>Agency Head</p> <p>115.363(a-d)</p> <p>The PAQ requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>Such notification shall be provided as soon as possible, but no later than 72 hours</p>

	<p>after receiving the allegation.</p> <p>The agency shall document that it has provided such notification.</p> <p>The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The facility provides policy Greene County Juvenile Manual Section 17 - Reporting to other facilities which state upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c)The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>During the past 12 months, there were no allegations received a resident was abused while confined to another facility.</p> <p>The agency head indicated in interview that the receiving center must immediately notify the sending center and Child abuse hotline. The notification must occur within 1 hour of the center being made</p> <p>The facility superintendent indicated that the administrator would make the notification unless she is not available. In which case then the assistant facility administrator will make the notification.</p>
--	---

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Responding to Allegations</p> <p>Greene County Juvenile Detention Center coordinated response plan</p> <p>Staff training</p> <p>Random Staff interviews</p> <p>115.364 (a):</p> <p>The PAQ requires Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1)</p>

Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating

The facility provided Greene County Juvenile Manual Section 17 and coordinated response plan

The Greene County Juvenile Detention Center Operations Manual states that:

a. If a juvenile alleges sexual abuse or assault by a staff or another juvenile OR staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going abuse, the following protocols will be followed:

The juvenile will immediately be placed in a protective environment pending initial investigation.

1. If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents.

2. If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room.

Once the youth is protected the Superintendent, Assistant Superintendent and Family Court Administrator will be contacted immediately.

If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile.

The child abuse/neglect hotline will be called within 1 hour.

The appropriate investigative agency, the Missouri Highway Patrol, will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating.

Mental health/victim services will be made available if appropriate or requested.

	<p>All staff on shift must complete a Critical Incident Report outlining the details of the incident, and follow up actions, prior to leaving their shift.</p> <p>Fourteen random staff were interviewed. Each of the staff were able to articulate their responses if a resident makes an allegation of sexual abuse.</p> <p>115.364 (b):</p> <p>The PAQ requires If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Greene County Juvenile Manual Section 17 was provided and indicated that If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred.</p> <p>During the last 12 months there were three allegations of sexual abuse that were made by a resident at GCJJC. No allegations were made to non-direct care staff.</p> <p>Of these allegations in the past 12 months staff were not notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence.</p> <p>The random staff interview indicated that all staff were aware of the responsibilities to protect the resident, secure the scene, notify the supervisor and remain with the victim until properly relieved.</p> <p>At Greene County Juvenile Detention Center all staff are considered to be first responder and receive training on first responder duties.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>GCJJC Coordinated Response</p> <p>Interview with facility superintendent</p> <p>115.365 (a)</p>

	<p>The PAQ requires the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided the GCJJC Coordinated Response which includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p>The superintendent reported that a response to an incident of sexual abuse the facility will refer for investigation, take to hospital if deemed necessary and any other follow up medical care; we also contact the child advocacy center as that is where most of the services are provided; and follow up with onsite and child advocacy mental health.</p> <p>Compliance was determined by review of the Coordinated Response to an Allegations of Sexual Abuse and interviews with random staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Interview with Agency Head</p> <p>The facility does not have collective bargaining agreements</p> <p>In interviews with the Facility agency head, the facility does not have a collective bargaining agreement.</p> <p>Compliance was determined by the agency head.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determination

Greene County Juvenile Detention Center Operations Manual

Interviews with

Agency Head

Facility Administrator

Staff that conducts Retaliation Monitoring

115.367 (a):

The PAQ requires the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Greene County Juvenile Detention Center Operations Manual states that “all staff are responsible for monitoring and reporting each other and other residents for the possibility of retaliation against youth or staff for filing a formal grievance or cooperating with the administrative or criminal investigation . The assistant director is the designated staff responsible for retaliation monitoring. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or supervisors at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA retaliation monitor 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 or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there were no retaliation for reporting allegations of sexual abuse or sexual harassment.

The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment.

The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment by ensuring that the resident had not contact with the person whom the allegations were made .Access to additional counseling would be made available as well.

The superintendent reported that the different measures that will be taken after a sexual abuse or sexual harassment allegation, we would remove the youth from the

source (staff or other resident). We would create a no contact separation plan. Plan with staff on being more vigilant on any actions that appear more retaliatory. Monitor for bullying or abnormal actions. Monitor to take any additional steps to monitor for safety.

The interviewed staff charged with monitoring for retaliation stated that the role that they play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment investigations include supervising the direct care staff, approve changes to care of residents, and make referrals to outside services. The different measures taken to protect those residents and staff from retaliation include separations and ratio changes. It was further reported that the facility staff has not had to respond to allegations of sexual abuse however if it happened they would follow the protocol.

115.367 (b):

The PAQ requires the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility provided the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The agency head interviewed indicated that the agency would move the resident that made the allegation or the resident that was the abuser to another center, or housing unit or arrange for him to work with the emotional support programs. If a member of staff were involved, they would be either placed on no contact status or placed on administrative leave pending the outcome of the investigation.

The retaliation monitor indicated in interview he has the authority to move the resident to another living unit and would have to coordinate with the facility administrator to move the resident to another center.

115.367 (c):

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

The facility provided Greene County Juvenile Manual Section 17 which requires the facility will monitor residents for the treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Greene County Juvenile Manual Section 17 requires the monitoring of items identified in this provision of the standard.

The Retaliation Monitor explained during the interview how she would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

115.367 (d):

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

Manual section 17 indicates that in the case of residents, such monitoring shall also include periodic status checks.

The Retaliation Monitor indicated status checks would be initiated with staff and residents.

In interviews with the facility administrator and retaliation monitors, both indicated that they see the youth at the center almost every day and usually five to ten times a day and they conduct status check with all youth on a daily basis, The indicated they are required to document monitoring.

115.367 (e):

The PAQ requires If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Greene County Juvenile Detention Center Operations Manual and interviews with the agency head and facility administrator were provided by the facility.

Greene County Juvenile Detention Center Operations Manual indicated If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

	<p>Policy states if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member</p> <p>The agency head indicated the agency would take appropriate measures to protect that individual against retaliation.</p> <p>The assistant facility administrator indicated he would visit the resident whenever an allegation is lodged by residents or third party immediately and discuss her role to monitor for retaliation.</p> <p>The facility administrator indicated she would monitor staff that report and/or cooperate with any investigations. The retaliation monitor interviewed indicated they would meet with the resident on a weekly basis to assure there are no retaliation for reporting sexual abuse or sexual harassment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Statement of Fact</p> <p>Facility PREA Response Plan</p> <p>Greene County Juvenile Manual Section 17 PREA</p> <p>Statement of Fact</p> <p>Interviews</p> <p>Facility Administrator</p> <p>Medical and Mental Health Staff</p> <p>115.368 (a):</p> <p>The PAQ requires Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>The facility provided Greene County Juvenile Detention Center Operations Manual which states that “If a juvenile alleges sexual abuse or assault by a staff or another juvenile OR staff receives information, has knowledge, or suspects sexual abuse or assault by a staff or another juvenile and a resident is at imminent risk of on-going</p>

	<p>abuse, the following protocols will be followed:</p> <p>The juvenile will immediately be placed in a protective environment pending initial investigation.</p> <ul style="list-style-type: none"> · If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents. · If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room. <p>The facility indicated no residents have been placed in isolation in the last 12 months.</p> <p>The facility’s administrator interview confirmed compliance with this standard. According to the facility administrator there has been no time when a resident was separated or isolated from other resident for an allegation of sexual abuse or harassment or fear of being sexually abused. GCJJC does not allow residents to be isolated or segregated. If we need to house a resident until they can be transferred to an appropriate facility they would be placed in a single room and placed on one-on-one supervision. They would still have all of the privileges including education, therapist sessions, showers, telephone, visitation and recreation.</p> <p>The medical and mental health staff stated they are not aware of an incident regarding sexual abuse or sexual harassment in which a resident was segregated. The clinical staff confirmed in such a case, the resident would be visited at least daily.</p> <p>In conducting the tour of the center, it was noted there were no isolated rooms in the facility. The facility has a male wing and female wing with one- and two-person dry rooms.</p> <p>Compliance was determined by review of policy, interviews with facility administrator, medical and mental health staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	--

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination
	Greene County Juvenile Detention Center Operations Manual

Investigation manual for OHI

Recent allegation of sexual abuse.

Interviews

Facility Investigator

Facility Administrator

PREA Coordinator

115.371 (a):

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

The facility provided Greene County Juvenile Detention Center Operations Manual and OHI investigative manual.

The Greene County Juvenile Detention Center Operations Manual “The appropriate investigative agency, the Missouri Highway Patrol will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating”

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

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

115.371 (b):

The PAQ requires where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The interviewed staff reported they have received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training was received online through the National Institute of Corrections (NIC). The interviewed staff reported that the training included: techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The training includes all topics noted in standard 334.

15.371 (c):

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

The facility provided policy Greene County Juvenile Detention Center Operations Manual staff training and facility respond plan.

Greene County Juvenile Detention Center Operations Manual, staff training and the facility respond plan requires that staff secure the evidence and provide assistance as required by OHI or local law enforcement.

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

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

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

115.371 (d):

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

Greene County Juvenile Detention Center Operations Manual requires that the agency will not terminate an investigation solely because the source of the allegation recants the allegation.

Investigative staff indicated the facility or OHI will not terminate an investigation even if the residents recant the allegations.

115.371 (e):

The PAQ requires When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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

The interviewed investigator reported that all allegations that would rise to the level of referral for prosecution would be addressed by the external investigator. OHI indicated through interview that when it appears to be a criminal act and usually in consultation with prosecutors and local law enforcement or with Legal Services. OHI would refer to local law enforcement for criminal investigations as assist them in the investigative process.

115.371 (f):

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

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

115.371 (g):

The PAQ requires administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

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

The OHI manual and interviews explicitly states that the investigator will review staffing plan, staff action, staff policies

115.371 (h):

The PAQ requires criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Greene County Juvenile Detention Center Operations Manual shall be documented

in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.371 (i):

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

Investigative staff indicated that allegation that appear criminal or referred to the local law enforcement or MSP for investigation, however the facility would request substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

115.371 (j):

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

Greene County Juvenile Detention Center Operations Manual investigation which states the agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

115.371 (k):

The PAQ requires the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The interviewed investigator reported that when a staff member is alleged to have committed sexual abuse or sexual harassment who has terminated employment, the information would be turned over to the external investigator to investigate.

115.371 (m):

The PAQ requires when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning staff are trained in protecting the crime scene and cooperating with investigative units.

The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, we stay informed at the conclusion of the investigation.

	<p>We will assist as directed by the investigation.</p> <p>Compliance was determined by interviews with the facility investigator, PREA coordinator, Agency Head, Agency website and facility superintendent.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Investigations</p> <p>115.372 (a):</p> <p>The PAQ requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility provided Greene County Juvenile Manual Section 17 investigations which require the investigator may make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and support the finding of child abuse or neglect by a Preponderance of Evidence. Investigators must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>In emails from the Out Of Home investigator, the OHI findings are substantiated, not substantiated or a family assessment was conducted. The agency does not provide a finding of unfounded.</p> <p>Compliance of the standard was determined by reviewing the policy, and interviewing with the Investigators.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>

115.373	Reporting to residents
----------------	-------------------------------

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determination

Greene County Juvenile Manual Section 17 - Reporting to Youth

Administrative Investigations

Interviews with

Facility Administrator

Investigative Staff

115.373 (a):

The PAQ requires Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The facility provided Greene County Juvenile Manual Section 17 which requires when an investigation into a youth's allegation of sexual misconduct occurring in a facility, the facility shall inform the victim or victim's parent(s) or legal guardian(s) by letter as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Based on an interview with the facility administrator at the conclusion of an investigation, OHI or PREA Compliance Manager will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.

The facility investigator indicated that the youth is provided a form letter with the outcome of the investigation by OHI.

115.373 (b):

The PAQ requires If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

Greene County Juvenile Manual Section 17 Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating agency in order to inform the individual.

There were no complete investigations which required a notification provided to residents. There were no investigations since ROP took over operations of the facility in November 2022..

115.373 (c):

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

The facility provided Greene County Juvenile Manual Section 17 investigation that indicates following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the

staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d):

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

The facility provided Greene County Juvenile Manual Section 17 which indicates following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (e):

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

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

The average stay at the facility is 10 days. Residents are held awaiting a court

	<p>hearing and are not committed until the hearing is conducted. The two residents involved in the allegation of sexual abuse were discharged from the Juvenile system. OHI indicated that they attempt to notify the residents, however it is often difficult at they are not required to provide any information upon being released from the facility.</p> <p>Based on review of policy and interviews with PREA compliance manager and PREA coordinator it was determined that the agency is in compliance with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Disciplinary sanctions for Staff</p> <p>Statement of Fact</p> <p>Interview with Facility Administrator</p> <p>115.376 (a)(b):</p> <p>The PAQ requires staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>The facility provided Greene County Juvenile Manual Section 17 Disciplinary Sanction for staff, and statement of fact.</p> <p>Greene County Juvenile Detention Center Operations Manual states that “staff, volunteers, and contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be reported to the Children’s Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary.</p> <p>Staff engaging in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to disciplinary action up to and including termination of employment. PREA Standards require that staff terminated for inappropriate contact with any juvenile, including sexual assault or harassment will have that recorded in their personnel file.</p>

This information will be disclosed to future employers if relevant to ensure the safety of other juveniles

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.376 (c):

The PAQ requires Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility provided The Greene County Juvenile Detention Center Operations Manual states that "staff, volunteers, and contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be reported to the Children's Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary.

Staff engaging in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to disciplinary action up to and including termination of employment. PREA Standards require that staff terminated for inappropriate contact with any juvenile, including sexual assault or harassment will have that recorded in their personnel file.

This information will be disclosed to future employers if relevant to ensure the safety of other juveniles

115.376 (d):

The PAQ requires all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Greene County Juvenile Manual Section 17 indicates All terminations for violations of agency sexual abuse policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal.

According to interview with the facility administrator all staff members who are terminated or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated are reported to the local law enforcement unless the activities were not clearly criminal.

There has been no adverse action taken against staff for violation of the agency

	<p>Compliance was determined by review of the agency policy, interview with PREA coordinator and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Disciplinary sanctions for Contractors or Volunteers</p> <p>Contractor Training</p> <p>Contractor Acknowledgement for Training</p> <p>Statement of Fact</p> <p>Interview with Facility Administrator</p> <p>115.377 (a)</p> <p>The PAQ requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The facility provided Greene County Juvenile Manual Section 17 and volunteer and contractor training.</p> <p>Greene County Juvenile Manual Section 17 states that all employees, contractors, juveniles, and volunteers are expected to have a clear understanding that the Department strictly prohibits any type of sexual relationship with an individual under Department supervision and considers such a relationship a serious breach of the standards of employee conduct, and these relationships will not be tolerated.</p> <p>Engaging in a romantic and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status, or imposition of criminal charges.</p> <p>115.377 (b)</p> <p>The PAQ requires the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other</p>

	<p>violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The facility provided Greene County Juvenile Manual Section 17 and interviews with the facility administrator.</p> <p>Greene County Juvenile Detention Center Operations Manual states that “contractors who engage in inappropriate contact with any Juvenile, including sexual assault or harassment, will be subject to a termination of their contract and a report made to the appropriate licensing authorities. Volunteers who engage in inappropriate contact with any Juvenile, including sexual assault and/or harassment, will be subject to being barred from the Detention Center and will be reported to the Children’s Division and/or the appropriate law enforcement authorities for purposes of investigation and prosecution as necessary</p> <p>In interview with the facility administrator he indicated that he has the authority to take remedial measures to prohibit contractor or volunteer from entering the centers In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents.</p> <p>There have been no allegations of sexual abuse or sexual harassment involving contracting and volunteers during the last 12 months.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination
	Greene County Juvenile Manual Section 17 - Disciplinary sanctions and interventions for Youth
	Statement of Fact
	PAQ
	Interview with
	Facility Administrator
	Random Residents

Mental Health staff

Medical Staff

115.378 (a):

The PAQ requires a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The facility provided Greene County Juvenile Manual Section 17.

Manual section 17 Intervention and Discipline of Residents indicates a student will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse.

Youth must be allowed unimpeded access to report any allegation of misconduct or neglect to the Child abuse/neglect Hotline operated by the Department of Children Services.

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

The Manual indicates that individuals in GCJJC who are found guilty of engaging in sexual abuse involving other individuals in the facility (either through administrative or criminal investigations) will be subject to formal disciplinary sanctions. Sanctions will be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.

The disciplinary process will consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. d. If the facility offers counseling or other treatment interventions designed to address the reasons or motivations for the abuse, the facility will consider requiring the offending individual to participate.

Disciplining an individual for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. A report of sexual abuse made in good faith by an individual based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

The PREA Compliance Manager will receive copies of all disciplinary reports regarding sexual activity, sexual harassment and sexual abuse for monitoring purposes. The incident will be reported to law enforcement unless the activity is clearly not criminal.

115.378 (b):

The PAQ requires Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The facility provided Greene County Juvenile Manual Section 17 which indicates any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Isolation will not be utilized for a disciplinary sanction.

The interviewed director reported that they don't have much control over the legal part that would be determined by legal to file charges. Administratively the facility has a disciplinary matrix. There is a personalized plan based on the nature of the situation and the client's past behavior. We take into consideration cognitive ability, past trauma and mental health. We do not use isolation, and we try to keep a more trauma informed approach. The center does not utilize isolation, if a resident was isolated he would receive everything that all of the other residents received. We don't have any programs with the exception of education which we are mandated to provide residents with education regardless of their housing.

115.378 (c):

The PAQ requires the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility provided Greene County Juvenile Manual Section 17 which indicates the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. GCJJC provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Clinical Director and facility administrator.

Medical and Mental health staff interviews indicated they are contact and provide intervention services for resident for all behavioral reports. The interviewed mental health staff reported that the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. When the services are provided, we do not require a

resident's participation as a condition of access to any rewards-based behavior management system and programming education.

115.378 (d):

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

In interviews with the clinical director, the center does not have a formal sexual abuse treatment program, however it does have licensed mental health professionals that would provide counseling and other intervention services. The center is a detention program and houses youth under the age of 18 while awaiting court disposition which usually occurs within 10 days.

115.378 (e):

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

The facility provided Greene County Juvenile Manual Section 17 which indicates the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f):

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

The facility provided Greene County Juvenile Manual Section 17 which indicates for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Investigating PREA Allegations states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g):

The PAQ requires an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may

	<p>not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>The facility provided Greene County Juvenile Manual Section 17 which indicates GCJJC prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Residents interviewed indicated they were advised that they would be discipline for any sexual abuse, sexual harassment or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible to maintain a safe environment for all residents. The statement of fact indicated during this audit period this facility has not had any incidents that require intervention for residents having sexual conduct.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in make compliance determination</p> <p>Greene County Juvenile Manual Section 17 - MH and Medical Screening</p> <p>Crisis Assessment</p> <p>Treatment Plan</p> <p>Mental Health Referral form</p> <p>Screening Referrals to Mental Health Staff form</p> <p>Intake Screening for youth</p> <p>Interviews</p> <p>Staff that conduct screenings</p> <p>Medical and Mental health interviews</p> <p>115.381 (a)</p> <p>The PAQ required If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow</p>

up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The facility provided Greene County Juvenile Manual Section 17 which indicates the department's screening for Vulnerability to Victimization and Sexually Aggressive Behavior shall be completed in JJIS.

The Greene County Juvenile Detention Center Operations Manual states that "upon admission, and no more than 12 hours from admission, the Medical/Mental Health Screening will be conducted one-on-one with the juvenile and a staff member. This screening will be done by the staff member in such a way as to ensure the privacy of the juvenile. In compliance with PREA standards, if a juvenile reports any history of sexual abuse/assault on the Medical/Mental Health Screening that information will be provided to the Clinical Coordinator for follow up.

If any of the intake screening forms indicate that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility administrator or other intake officer shall document the information on the Follow up Notification Form

The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility offers a follow--up meeting with a medical and/or medical health practitioner. This typically occurs within 72 hours of intake Mental health staff were interviewed. There were no residents that claim a history of sexual victimization at the center during the last 12 months.

In interviews with random residents all indicated they see medical and mental health when the go through intake at the center.

115.381 (b)

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

The facility provided Greene County Juvenile Manual Section 17 indicates If any of the intake screening forms indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14

days of the intake screening. This same information is discussed with the clinical staff within 72 hours of intake.

115.381 (c):

The PAQ requires any information related to sexual victimization or abusiveness that occurred in an institutional setting that shall be strictly limited to medical and

mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The facility provided Greene County Juvenile Manual Section 17 which requires any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and or as otherwise required by Federal, State, or Local law.

115.381 (d):

The PAQ requires medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Interviews with the medical and mental health staff confirmed that when a youth arrives at the facility they discuss their duties to report. If the resident is 18 or older the medical and mental health staff have them sign an informed consent prior to reporting prior sexual victimization that did not occur in an institutional setting,

Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and residents' informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

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

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

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in make compliance determination
	Greene County Juvenile Manual Section 17 - MH and Medical Screening
	Crisis Assessment

Treatment Plan

MOU with Child Advocacy Center

Interviews

Medical Provider

Mental Health Provider

CAC executive director

Facility Superintendent

115.382 (a)

The PAQ requires resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The facility provided Greene County Juvenile Manual Section 17 and MOU with CAC.

The Greene County Juvenile Manual Section 17 states residents will receive timely, unimpeded access to on-site and off-site 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. All services to residents are provided at no cost to the resident.

In interviews with the medical and mental health staff, all services they provide are based on their professional judgement. If a resident returns from a SANE evaluation the center medical staff indicated they would verify the discharge order with ROP clinical director and provide services as advised.

The facility has a MOU with Child Advocacy Center for SANE and victim advocacy services. In interview with the executive examinations are conducted by trained staff through CAC. Prior to the SANE the victim advocate will meet with the child and explain the procedures and remain with the resident during the examination and interview process. The victim advocacy center has staff on duty or on call twenty-four hours a day.

PREA Response Plan Following Resident Report mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required. Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that

treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation.

Medical and mental health indicated in interview services shall be provided to the victims consistent with the community level of care. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim's names the abuser or cooperates with any investigation of the incident.

115.382 (b):

The PAQ requires If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The facility provided Greene County Juvenile Manual Section 17 and coordinated response plan.

The Greene County Juvenile Detention Center Operations Manual states that "if medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs at no expense to the juvenile If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

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

115.382 (c):

The PAQ requires resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The facility provided Greene County Juvenile Manual Section 17 and interview with medical and mental health staff.

Manual sections 17 indicates that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically

	<p>appropriate. All residents are provided access to infection prophylaxis when they arrive at the facility.</p> <p>In interviews with the medical staff, they indicated that the SANE program would provide the services. However, they would reinsure the services provided when the resident returns to the center.</p> <p>Medical staff interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility’s medical and mental health staff, according to the interviews with clinical staff. According to the medical staff, all residents are educated on sexually transmitted infections as part of the intake process and offered medical service as required or requested.</p> <p>115.382 (d):</p> <p>The PAQ requires Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The facility provided the Greene County Juvenile Manual Section 17 and PREA Response Plan Following Resident Report mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews. The policy revealed emergency services will be provided by medical and mental health staff.</p> <p>The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.</p> <p>Based upon the review of policies, interviews with the medical and mental health staff, and interviews with staff from CAC is compliant with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determination

Statement of Fact

Greene County Juvenile Manual Section 17 PREA - Ongoing Medical and Mental Health Services

Interview with

Medical Staff

Mental Health Staff

MOU CAC

115.383 (a):

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

The facility provided Greene County Juvenile Manual Section 17 PREA - Ongoing Medical and Mental Health Services and MOU with Child Advocacy Center

Manual Section 17 indicate the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The medical and mental health staff indicated in interview that the facility would provide treatment as indicated as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone that provides information on prior victimization or past predator behavior in order to comply with the standard. However, the clinical director indicated that all residents that go through intake at the facility are seen by their assigned therapist as soon as they arrive at the center.

CAC indicated in interview they would refer the residents to the victim services center to provide ongoing mental health counseling services for residents.

According to interviews with the mental health and medical staff, when a resident goes out for medical care, the center receives a discharge summary from the provider. Medical notifies the medical clinical director to continue the services or the physician will come to the center and review the discharge summary, exam the resident and create an additional care plan. The mental health staff will notify the psychologist or psychiatrist if the resident is prescribed medication and develop a treatment plan in consultation with these providers. The mental health staff indicated they would also contact the CAC to access additional services.

115.383 (b):

The PAQ requires the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their

release from custody.

The facility provided the Facility PREA Response Plan Following Resident Report includes a provision that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.

115.383 (c):

The PAQ requires that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care. The medical staff indicated that the center has medical staff on duty or on call twenty four hours a day and have professional agreement with specialist medical providers. Mental health staff are on duty 12 hours a day and on call 24 hours a day. The center has an MOU with CAC to provide SANE, victim advocate and emotional support staff 24 hours a day.

115.383 (d-e):

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

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

As indicated by the nurse, resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests and if pregnancy results from the conduct described in paragraph (d) victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

In an interview with the medical staff, this information would be provided during the SANE and follow up if the youth requested a test at any time during their stay at the center.

115.383 (f)

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

The facility provided Greene County Juvenile Manual Section 17 policy and

	<p>interviews with medical staff ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p>The center medical staff indicated that all residents are offered testing for STD upon arrival and would continue to provide that service as part of the aftercare following a SANE or SAFE evaluation.</p> <p>115.383 (g)</p> <p>The PAQ requires treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Manual section 17 indicates that all treatment services will be provided at no cost to the victim.</p> <p>115.383 (h)</p> <p>The PAQ requires the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing Vulnerability Assessment.</p> <p>Any resident that makes an allegation of past victimization are allowed to call the CAC and staff from the program will go to the facility and meet with the resident and offer their services when released from the center.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Incident Reviews Incident</p> <p>Review Meeting reports (Corrective Action)</p> <p>Interviews with</p> <p>Incident Review Team</p>

PREA Compliance Manager

Superintendent or Designee

115.386 (a):

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

The facility provided Greene County Juvenile Manual Section 17

Juvenile Manual Section 17 response plan requires an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded. The policy mandates team participation to include the agency wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff. There were three allegations of sexual abuse during the last 12 months. The allegations were investigated by the Out of Home investigator and was determined to be unsubstantiated. Based on an email from the Out of Home Investigator the agency does not find a finding of unfounded. Based on these findings the facility would need to complete an incident review team review.

As part of the corrective action plan, the facility completed an incident review and forwarded a copy of the incident review to the auditor.

115.386 (b):

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

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

115.386 (c):

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

The policy mandates team participation to include the agency wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff.

115.386 (d):

The PAQ requires The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or

intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The facility provided a copy of an incident review form. The form included the following: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

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

115.386 (e):

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

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

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

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

Based on this analysis, the facility is substantially compliant with this provision and corrective action was completed.

115.387	Data collection
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1158 376">Evidence relied upon in making the compliance determination</p> <p data-bbox="280 416 1465 492">Incident Operations Center PREA FY 2023-2024 Office of State Courts Administrator (OSCA) PREA data Annual Report</p> <p data-bbox="280 528 497 564">115.387 (a)(b):</p> <p data-bbox="280 600 1334 676">The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at</p> <p data-bbox="280 712 1461 748">The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="280 784 1414 860">The facility provided Greene County Juvenile Manual Section 17 Data Collection, PREA 2024 Annual Report</p> <p data-bbox="280 896 1449 972">The Greene County Juvenile Detention Center Operations Manual states that: Data collection regarding alleged sexual abuse shall include the following;</p> <ul style="list-style-type: none"> <li data-bbox="280 1008 1385 1084">a. Accurate, uniform data collected for every allegation of sexual abuse at the facility using incident reports and the PREA pamphlet for definitions <li data-bbox="280 1120 1347 1155">b. At minimum, an annual aggregation of incident-based sexual abuse data <li data-bbox="280 1191 1382 1267">c. Data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice <li data-bbox="280 1303 1474 1424">d. Maintenance, review, and collection of data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. <p data-bbox="280 1460 970 1496">The auditor reviewed the annual report for 2024.</p> <p data-bbox="280 1532 466 1568">115.387 (c):</p> <p data-bbox="280 1603 1471 1724">The PAQ requires the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="280 1760 1449 1881">The format used for GCJJC captures the information required to complete the most recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ)</p> <p data-bbox="280 1917 459 1953">115.387 (d):</p> <p data-bbox="280 1989 1442 2065">The PAQ requires the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files,</p>

	<p>and sexual abuse incident reviews.</p> <p>The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Missouri Division of Youth Services.</p> <p>115.387 (e):</p> <p>The PAQ requires the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>Greene County Juvenile Detention Center does not contract for confinement of residents.</p> <p>115.387 (f):</p> <p>The PAQ requires upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30</p> <p>GCJDC policy mandates that upon request, the center shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Manual Section 17 - Data Collection</p> <p>Office of State Courts Administrator PREA data Annual Report 2024</p> <p>PREA Compliance Manager</p> <p>115.388 (a)(b):</p> <p>The PAQ requires The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p>

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

Annual PREA Report for fiscal year 24 and Greene County Juvenile Manual Section 17 - Data Collection recognizes the purpose of conducting annual reports and annual PREA assessments are to review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by taking corrective action on an ongoing basis. Further to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

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

The interviewed PREA Coordinator reported that the agency reviewed data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. It is reviewed annually. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings.

I review and the agency at a leadership review and approve the after-action plan following the leadership review and sign off on the final report.

In the reports there is not specific identifying information made available to the public regarding who was involved in any specific matter. It is specified that this information is not included in the report for HIPPA and other privacy considerations.

115.388 (c):

The PAQ requires the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

The annual report is reviewed by PREA coordinator, his supervisor and agency leadership staff and signed by the Agency Head. It is then uploaded to the Missouri Division of Youth Services

115.388 (d):

The PAQ requires the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Greene County Juvenile Manual Section 17 indicates that all information that is placed on the website will not include personal identities.

	<p>Based on an interview with the PREA coordinator, Youth and staff identifying information is not included in the annual report.</p> <p>Compliance was determined by reviewing data collections for the preceding three years and reviewing Missouri Division of Youth Services Office of State Courts Administrator website.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	--

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Greene County Juvenile Detention Center Operations Manual</p> <p>PREA coordinator Interview</p> <p>115.389 (a)(b) (c):</p> <p>The PAQ requires the agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least at least annually through its website or, if it does not have one, through other means.</p> <p>Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>The agency provided the Greene County Juvenile Detention Center Operations Manual section 17/11</p> <p>The Greene County Juvenile Detention Center Operations Manual states that “regarding the security of sexual abuse data collected:</p> <ul style="list-style-type: none"> · The Detention Center shall ensure the data is securely retained · Remove all personal identifiers from published data · Maintain all data collected and aggregated for at least ten years after initial collection unless Federal, State, or local law requires otherwise” <p>115.389 (d)</p>

	<p>The PAQ requires the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>The facility provided Greene County Juvenile Detention Center Operations Manual, which requires all collected data is maintained for a ten-year period as required by the State of Missouri’s records and retention schedule. According to the PAQ, the aggregated sexual abuse data will be readily available to the public through the agency’s website; the practice is that the report is posted on the Missouri Division of Youth Services website. A review of the annual report verified there are no personal identifiers, and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.</p> <p>Compliance was determined by reviewing the website and interviewing with the agency PREA coordinator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
--	---

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Greene county juvenile detention center website</p> <p>PREA Audit 2016</p> <p>PREA Audit 2019</p> <p>PREA Audit 2022</p> <p>115.401 (a)(b):</p> <p>The PAQ requires during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>The facility provided Greene County Juvenile Manual Section 17 which requires all DJJ facilities be audited every three years for compliance with the Prison Rape Elimination Act</p>

The initial PREA audit of GCJJC was conducted in 2016 by a DOJ certified PREA auditor. The second audit was conducted in 2019 by a certified PREA auditor. The third audit was conducted in 2022. This is the fourth audit of this facility. The on-site audit occurred in February 2025.

115.401 (h):

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

During the audit, I was allowed access to all areas of the Facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.

There were no limitations on interviewing staff or residents and no obstacles in conducting tours during waking and sleeping hours.

115.401 (i):

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

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

115.401 (m):

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

I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of residents during the onsite audit. Interviews were conducted in a private area of the facility.

115.401 (n):

The PAQ requires residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Postings were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The information was posted on December 2, 2024. The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to the auditor in the same manner as the legal mail system. He indicated they were and provided how you resident just place mail in the information box and the staff will put a stamp and mail it. He indicated unless requested by the court or community case manager the center does not read mail. They just put on stamp on it and send. The PREA Compliance manager indicated that he or the grievance staff and facility administrator checks the mailbox, PREA box and Grievance box a minimum of two

	<p>times a day during the week and at least once a day on weekends.</p> <p>Compliance was determined by reviewing three past audits, email providing dates of audit postings and interviews with Facility Administrator, PREA Coordinator and Agency Head designee.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determination</p> <p>Facility website</p> <p>This is the fourth PREA audit for this facility. The previous audits were conducted in 2016, 2019, and 2022. Each audit was conducted by a certified PREA auditor and was located on the agency website. The audits for 2016 was located on http://dss.mo.gov . The audit for 2019 and 2022 was located on the facility website at https://greencountymo.gov/juvenile/.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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