

PREA Facility Audit Report: Final

Name of Facility: Robert L. Perry Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/21/2025

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: Mable P. Wheeler	Date of Signature: 05/21/2025

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	03/11/2025
End Date of On-Site Audit:	03/12/2025

FACILITY INFORMATION	
Facility name:	Robert L. Perry Juvenile Justice Center
Facility physical address:	5665 Roger I Wilson Memorial Drive, Columbia, Missouri - 65202
Facility mailing address:	

Primary Contact

Name:	Tara Eppy
Email Address:	Tara.Eppy@courts.mo.gov
Telephone Number:	573-886-4450

Superintendent/Director/Administrator	
Name:	Tara Eppy
Email Address:	Tara.Eppy@courts.mo.gov
Telephone Number:	5738864450

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

Facility Health Service Administrator On-Site	
Name:	Compass Health - Nancy Howe
Email Address:	nhowe@compasshn.org
Telephone Number:	5732143214

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	13
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-18
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	31
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	13th Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	705 East Walnut Street, Columbia, Missouri - 65201
Mailing Address:	
Telephone number:	573-886-4060

Agency Chief Executive Officer Information:	
Name:	Cindy Garrett

Email Address:	Cindy.I.Garrett@courts.mo.gov
Telephone Number:	5738864060

Agency-Wide PREA Coordinator Information			
Name:	Tara Eppy	Email Address:	tara.eppy@courts.mo.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-11
2. End date of the onsite portion of the audit:	2025-03-12

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:	<p>The Auditor contacted the Rainbow House Regional Child Advocacy Center at 573-474-6600 to confirm services offered by the agency.</p> <p>The Auditor placed a call to the State of Missouri child abuse hotline at 1-800-392-3738. Just Detention was also contacted, no information was available.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	45
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	2
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:	13
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility provided a comprehensive roster of all residents, categorized by housing unit, which also included demographic details.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	31
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:	5

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:	11
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The Auditor conducted interviews with randomly selected staff from both the first and second shifts. Additionally, all specialized staff were interviewed. No volunteers were present onsite for interviews.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided a roster of all residents, by housing unit, which included demographic information.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor selected residents based on factors such as age, race, ethnicity, length of time in the facility, housing assignment, and gender. The audit encountered no barriers to completing interviews.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<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:	<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>

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>The facility provided a roster containing specific demographic information. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The facility provided a roster containing specific demographic information. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

<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>The facility provided a roster containing specific demographic information. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</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>The facility provided a roster containing specific demographic information. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility provided a roster containing specific demographic information; however, this roster did not include the relevant category. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility provided a roster containing specific demographic information. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility provided a roster containing specific demographic information; however, this roster did not include the relevant category. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility provided a roster containing specific demographic information; however, this roster did not include the relevant category. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility provided a roster containing specific demographic information; however, this roster did not include the relevant category. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</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 facility provided a roster containing specific demographic information. Additionally, the facility had a total of 13 residents, of whom 8 were interviewed.</p>

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The audit encountered no barriers to completing interviews.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	7
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </div>
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>
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):	The audit encountered no barriers to completing interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12

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

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	During the onsite audit, no volunteers were available for interviews
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
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).	<p>During the site review, the Auditor was granted access to all key areas within the facility, allowing for a comprehensive assessment. Observations included the overall condition of the infrastructure, operational efficiencies, and adherence to safety protocols. Critical functions were tested to ensure proper performance, with particular attention given to emergency systems and automated processes. Additionally, informal conversations with staff provided valuable insights into daily operations, potential challenges, and areas for improvement.</p>
Documentation Sampling	
<p>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.</p>	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No

71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>In the process of selecting additional documentation, careful consideration was given to ensure comprehensive coverage and relevance. Some documents were intentionally oversampled to provide a broader perspective or to validate key findings. This approach was particularly useful when assessing consistency across multiple sources.</p> <p>However, several barriers influenced the selection of additional documentation. Limited availability of certain records, time constraints, and the need to prioritize the most relevant and authoritative sources were among the primary challenges. Additionally, restrictions on access to proprietary or confidential documents posed difficulties in expanding the selection.</p> <p>Despite these challenges, efforts were made to balance thoroughness with efficiency, ensuring that the documentation reviewed supports the overall objectives effectively.</p>
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>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.</p>	

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

Throughout its operational period, the facility has not received any allegations related to sexual abuse or sexual harassment.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	Throughout its operational period, the facility has not received any allegations related to sexual abuse or sexual harassment.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Throughout its operational period, the facility has not received any allegations related to sexual abuse or sexual harassment.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

CCMG

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> Robert L.Perry Juvenile Justice Center PAQ Robert L. Perry Juvenile Justice Center Policies and Procedures, Zero Tolerance-not dated 123024 Juvenile Justice Tables of Organization <p>Interviews:</p> <ol style="list-style-type: none"> Random residents Random Staff Detention Superintendent/PREA Coordinator <p>Through interviews with residents, and staff and review of resident and staff files, it was evident that this facility interweaves requirements for this standard in their</p>

daily protocol. Both residents and staff could speak to the facility PREA practices and protocols being used as is described in a facility PREA policies. Residents and staff interviews confirmed that the facility has a zero-tolerance for sexual abuse and sexual harassment.

Site Review Observation:

During the facility tour, the Auditor observed Zero Tolerance, Advocate, and PREA Audit postings displayed throughout the premises. The placement of cameras within the facility, including the recreation yard, was strategically designed to eliminate blind spots.

The facility consists of two distinct sections: one designated for pre-adjudicated youth and the other for adjudicated youth. All cells within the facility are individual. On the pre-adjudicated side, cells are wet cells, each equipped with sinks and toilets. This unit also includes four separate single-use shower rooms, each equipped with closing doors that ensure complete privacy during use.

The adjudicated side comprises individual dry cells with access to a shared bathroom and shower room. To maintain privacy, residents are securely locked down during showering and toilet use, ensuring they are not observed by staff or other residents.

The cameras throughout the facility were fully operational at the time of the review. Importantly, no cameras provide visibility into sleeping areas, shower rooms, or toileting areas. The facility demonstrated adequate coverage of all shower areas, with no blind spots identified.

The Auditor strongly recommends that the facility regularly updates and date its PREA policy and related documents. This will ensure that staff and residents consistently refer to the most current policies and procedures.

115.311: Zero Tolerance and PREA Coordination

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ outlines that the facility's PREA Policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment within its operations and those under direct contract. According to the Robert L. Perry Juvenile Justice Center Policies and Procedures, Zero Tolerance, Page 1, Section I, the policy states, "The Robert L. Perry Juvenile Justice Center has zero tolerance of sexual abuse and sexual harassment."

Furthermore, Page 1, Section A, points 1-2, reiterates the commitment to zero tolerance and specifies the following:

Staff and volunteers will receive training and education on sexual abuse and sexual harassment.

Residents will be provided with training and education on sexual abuse and sexual harassment.

	<p>(b) The agency employs an upper-level, agency-wide PREA Coordinator. The Detention Superintendent, who also serves as the PREA Coordinator, demonstrates sufficient time and authority to develop, implement, and oversee efforts to comply with PREA standards across all facilities. The organizational chart confirms that the Superintendent, as the PREA Coordinator, reports directly to the Chief Juvenile Officer.</p> <p>The Robert L. Perry Juvenile Justice Center Policies and Procedures, Zero Tolerance, Page 1, Section I.B., states, "The Superintendent will designate a degreed staff member as the PREA Coordinator. The PREA Coordinator will be responsible for developing, implementing, and overseeing the facility's efforts to comply with the PREA standards." The facility provided a Juvenile Justice Organizational Chart that demonstrates the Superintendent serves as the Detention Superintendent/PREA Coordinator.</p> <p>(c) According to the Robert L. Perry Juvenile Justice Center PAQ, the facility does not have a designated PREA Manager. The 13th Circuit – Robert L. Perry Juvenile Justice Center operates as a single facility.</p> <p>Conclusion: The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Review:</p> <ol style="list-style-type: none"> 1. Robert L Perry Juvenile Justice Center PAQ 2. Contract for Services, Missouri Department of Social Services dated 9/24/2019 for FY20 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>115.312: Contracting with Other Entities for the Confinement of Residents</p> <p>Previsions:</p>

	<p>(a-b) The Robert L. Perry Juvenile Justice Center PAQ specifies that the State of Missouri, Division of Youth Services, contracts with the Robert L. Perry Juvenile Justice Center.</p> <p>The facility provided a copy of the Contract for Services with the Missouri Department of Social Services. Within this document, Page 4; Section 3.4.1, states: "The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.) and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), as well as state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by the state agency."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L Perry Juvenile Justice Center Policies and Procedures, Juvenile/Staff Ratio and Child Care, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Superintendent Reviews, not dated 4. Staffing Pattern Schedule, Annual Review 2024 5. Robert L. Perry Juvenile Justice Center Annual Staffing Plan 2022-2024 6. Unannounced Visits 2022-2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. DDJ03 Supervisor 4. Detention Superintendent/PREA Coordinator

Residents reported that staff conduct rounds regularly throughout the day and overnight shifts. However, interviewed staff indicated they were not informed about the timing of unannounced rounds.

The Shift Supervisor and the Detention Superintendent confirmed the completion of unannounced rounds on a monthly and quarterly basis throughout the year.

Site review observation:

During the tour and the onsite phase of the audit, observations of staff coverage confirmed that the facility met the minimum requirements.

Provisions:

(a) In accordance with the Robert L. Perry Juvenile Justice Center's Performance Accountability Questionnaire (PAQ) requirements, the facility is committed to developing, documenting, and making its best efforts to comply with a staffing plan that ensures adequate supervision and safety for residents.

The staffing plan was originally designed to accommodate twenty-four residents; however, the current daily resident count stands at eighteen. Despite this variance, the facility remains dedicated to maintaining sufficient staffing levels and, where applicable, employing video monitoring measures to prevent and protect residents from abuse.

To uphold these standards, the facility regularly reviews and adjusts staffing assignments to align with operational needs and resident welfare. Any deviations from the initial staffing framework are carefully assessed to ensure that supervision and security are not compromised.

Ongoing evaluations, training, and adherence to established protocols remain at the forefront of this effort, reinforcing commitment to a safe and supportive environment for all residents.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 1, section B., states, "Supervision and Monitoring—PREA Standard 115.313—Robert L. Perry Juvenile Justice Center shall ensure that its residential staffing and monitoring plans comply with requirements that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. The facility Staffing Pattern is monitored by the Programs and Services Coordinator. Any instance of non-compliance with the staffing pattern shall be noted on the posted staff schedule and maintained. The Programs and Services Coordinator 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 systems."

The facility provided a Robert L. Perry Juvenile Justice Center Staffing Plan. The plan is signed and dated 6.1.2024 The staffing plan encompasses the following:

1. Generally accepted juvenile detention and correctional/secure residential practices with minimal staff to resident ratios of 1:8 during waking hours and 1:16 during sleeping hours.
 2. Any judicial finding of inadequacy – which of none have been founded.
 3. Any findings of inadequacy from federal investigative bodies – which of none have been found.
 4. Any findings of inadequacy from internal or external oversight bodies – which of none have been found.
 5. All components of the program’s physical plant to include a comprehensive table of all camera placement.
 6. The composition of the resident population (i.e. gender ratios, risk/need of residents, physical size, Sexual Aggressive Behavior (SAB), Vulnerability to Victimization (VV).
 7. The number and placement of supervisory staff: 1-unit housing unit up to 14 residents.
 8. Programs occurring on a particular shift: Robert L. Perry has adequate staff to monitor all programming on the unit and 32 cameras for additional monitoring.
 9. Any applicable State or local laws, regulations or standards of which requirements mirror PREA ratios.
 10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse: in the past 12 months Robert L. Perry has had 0 allegations of sexual abuse.
 11. Any other relevant factors: At this time, there have been no other relevant factors identified to effect adequate supervision and monitoring of residents at Robert L. Perry Juvenile Justice Center.
- (b) The Robert L. Perry Juvenile Justice Center PAQ mandates that any instance of noncompliance with the staffing plan must be documented and justified by the facility. In this reporting period, the facility maintained full compliance with the required staffing ratios, with no deviations recorded.
- (c) The Robert L. Perry Juvenile Justice Center PAQ states the facility is mandated by regulation to maintain 1:8 waking hour and 1:16 sleeping hour ratios.
- (d) Staffing Plan Review: The Robert L. Perry Juvenile Justice Center ensures that its staffing plan is reviewed annually. This review is conducted in collaboration with the Detention Superintendent/PREA Coordinator to assess adequacy, compliance, and effectiveness in maintaining a safe and secure environment. Factors considered during the review include resident supervision needs, facility design, and any incidents or trends requiring adjustments to staffing levels. Any modifications to the plan are documented and implemented to ensure continued alignment with PREA standards and facility operations.
- (e) The Robert L. Perry Juvenile Justice Center's PAQ mandates that intermediate or higher-level staff conduct unannounced rounds. These rounds serve a critical role in identifying and deterring incidents of staff sexual abuse and sexual harassment, ensuring a safe and secure environment for all individuals within the facility.

	<p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Superintendent Reviews, page 2, section F., states, “The Superintendent or designee will perform unannounced visits to the facility for both the day shift and overnight shift at least twice a year. The Superintendent will provide an Unannounced Visit report to the Court Administrator with any findings from the unannounced visits. No staff shall alert facility staff of the unannounced visits.”</p> <p>The facility provided Unannounced Program Visit documentation. Each visit appears to occur quarterly from 2022 - through 2024. Each round includes observation of:</p> <ol style="list-style-type: none"> 1. Youth routines are being followed. 2. Groups are in appropriate locations based on the group routine and time of day. 3. Youth interaction with staff is appropriate. 4. Are youth/groups split up on the unit or different areas of the building? 5. Youth hygiene is appropriate. 6. Staff requirements are being met. 7. Staff positioning within the group is appropriate, and there is visible use of awareness supervision. 8. Check made for blind spots and/or areas outside of security camera. 9. The physical plant is safe, clean, and organized. 10. Appropriate staff/youth relationships and healthy boundaries are evident. 11. Are there sudden changes in youth mood or behavior? 12. Summary of visit. 13. Follow up needed. <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Person and Room Searches, not dated

4. Training Records Example 2025

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Shift Supervisor
5. Intake staff

At the time of the audit, the facility did not have any residents who identified as gay, bisexual, or transgender; however, one youth expressed uncertainty about his identity. Residents interviewed confirmed that searches were conducted respectfully, following pat-search protocols while ensuring they remained clothed. One resident specifically noted that staff thoroughly explained each step of the search process before proceeding.

Review of policy Procedures stated that: Limits to cross-gender viewing and searches—Robert L. Perry Juvenile Justice Center shall ensure that cross-gender viewing and searches comply with those requirements established in Section 11 which are in accordance with PREA standard 115.315.

1. When entering the wing living areas in the facility where residents are likely to be showering, performing bodily functions, or changing clothing, staff of the opposite gender's presence shall be announced.

Interviews with employees and residents demonstrate cross-gender announcements are conducted when staff enter areas where residents are likely to be showering, performing bodily functions or changing clothes.

Staff interviews confirmed that although all had been trained in cross-gender search procedures, none had performed such searches. Additionally, staff reported that in cases where an intake arrived and both male and female staff were not present, law enforcement would conduct the pat search, or the intake would remain in the holding cell until a same-sex staff member was available to perform the search.

Site Review Observations

Intake Area

Search Area

During the facility tour, the Auditor observed both the intake and search areas, confirming they provided private, secure environments for searches, outside the view of cameras. Training records indicated that 100% of staff had received cross-gender strip search training.

The Auditor was unable to observe intakes during the audit process. The intake clerk conducted a mock demonstration of the intake process. The intake area consists of a small holding cell used when multiple youth are received simultaneously. If only one youth is processed, intake documentation is completed at a designated chair

outside the Control Desk, including an introduction to PREA and instructions on reporting allegations.

Following this, the intake process moves to a shower room where staff stand in the doorway and direct youth to disrobe to a single layer of clothing before conducting the pat search. After the search, youth are permitted to shower and change into facility-provided clothing. They are then placed in a room for two to four hours before receiving a comprehensive PREA education packet, known as the 'Safety First Packet.'

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

Staff interviewed reported although each had been trained in cross gender searches, none had conducted those searches. Staff interviewed reported if an intake came in and the facility did not have a male and female staff on shift, they would rely on law enforcement to conduct the pat search, or intakes would be kept in the holding cell until a same sex staff could perform the search.

Site Review Observation:

1. Intake area
2. Search area

During the tour of the facility the Auditor observed the Intake and search areas of the facility. Both areas were conducive to ensuring searches were conducted in a private secured area, outside of camera view. Training files revealed 100% of staff had been trained in cross gender strip searches. The Auditor was able to observe intakes during the audit. The intake area consists of a small holding cell where intakes are kept if more than one youth is received at the same time. If one youth is received at time a chair is available outside the Control Desk where the intake documentation is completed, to include brief information on PREA to include an introduction of PREA, how to report allegations. Next intakes are placed inside a shower room where the staff stand in the door frame and have the youth disrobe to one layer of clothes before the pat search is conducted. Once the pat search is conducted the intake is allowed to shower and change into clothing provided by the facility. Intakes are then placed in a room for two to four hours and are then brought out to receive comprehensive PREA education known to the facility as the Safety-First Packet.

Provisions:

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

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 1, section C., states, "Limits to cross-gender viewing and searches—Robert L. Perry Juvenile Justice Center shall ensure that cross-gender viewing and searches comply with those requirements established in Section 11 which are in accordance with PREA standard 115.315."

Robert L. Perry Juvenile Justice Center Policies and Procedures, Person and Room Searches, page 2, section B. 4-5, state, "Searching Juveniles: The search of a juvenile by staff requires training in the appropriate manner to conduct the search, and a humane attitude on the part of the staff. A juvenile should be informed, quietly and simply, of what is about to take place. The juvenile should not be touched any more than is necessary to conduct a comprehensive search. Staff shall document the search in the log.

7. A strip search shall be conducted by two staff members who are the same sex as the juvenile and shall take place in the admission area restroom.

5. A body cavity search of the anal or genital area shall only be completed by a licensed medical professional and pursuant to a court order.

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

(c) Robert L. Perry Juvenile Justice Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Documentation of cross-gender searches will be documented in shift notes as is stated in provision (a) of this standard.

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

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 3, section 7., states, "Residents shall have the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks."

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

Robert L. Perry Juvenile Justice Center Policies and Procedures, Person and Room

	<p>Searches, page 2, section B. 6, states, “Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff may verbally interview the resident, review medical data, or contact the resident’s parent/custodian.”</p> <p>(f) The Robert L. Perry Juvenile Justice Center PAQ states 100% of security staff receive training on conducting cross- gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. Policy compliance can be found in provision (a) of this standard.</p> <p>Staff training records example provided for 2021. Records include:</p> <ul style="list-style-type: none"> • PREA Training #1 – Inmates rights to be free from sexual harassment and abuse • PREA Training #2 – Prevention and detection training • PREA Training #3 – Response and reporting • PREA Training #4 – Professional boundaries • PREA Training #5 – Over and the law and your role • PREA Training #6 – Effective and professional communication training <p>All training modules are from the PREA Resource Center.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Accommodations for Juveniles with Disabilities, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures for Admission of Hearing Impaired Juvenile

4. Robert L. Perry Juvenile Justice Center Policies and Procedures Prevention Planning
5. Interpreter Global
6. Interpreter Contract Language Link
7. Interpreter Contract 2025
8. Interpreter Contract 2025 part 2

Interviews:

1. Random residents
2. Targeted residents
3. Random staff
4. Shift Supervisor
5. Detention Superintendent/PREA Coordinator

All residents interviewed were English-speaking. During staff interviews, each member confirmed that residents were not utilized for translation services. Staff demonstrated an understanding that they would either contact a supervisory staff member or use the posted language services contact information if translation assistance were needed.

Site Review Observation:

The facility has an observation desk in the post adjudication area where the phone number and clear instructions were taped to the desk for Language Line. Auditor was able to test access to Language Line.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center is committed to fostering a safe and inclusive environment for all residents, including those with disabilities. To uphold this commitment, the agency has established comprehensive procedures designed to ensure that disabled residents have equal opportunities to access information about the center's initiatives to prevent, detect, and respond to sexual abuse and harassment.

These procedures include:

Accessible Communication – The center ensures that all educational materials, policies, and training sessions related to sexual abuse prevention are available in formats accessible to individuals with disabilities. This may include Braille documents, large-print text, sign language interpretation, and assistive technologies for residents with visual, auditory, or cognitive impairments.

Tailored Support Services – Staff members receive training on how to effectively communicate with and support disabled residents, ensuring that they fully understand their rights and the procedures in place to protect them.

Inclusive Reporting Mechanisms – The agency provides multiple reporting options to accommodate various disabilities, including verbal, written, and digital reporting methods, ensuring that all residents can report concerns confidentially and

effectively.

Ongoing Review and Improvements – The center regularly evaluates its accessibility measures to identify areas for enhancement, ensuring that all residents receive equal access to critical safety resources.

Through these established procedures, the Robert L. Perry Juvenile Justice Center reinforces its dedication to providing a secure and equitable environment where every resident, regardless of ability, is empowered to understand, report, and prevent incidents of sexual abuse and harassment.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Accommodations for Juveniles with Disabilities, page 1, section I., states, “In accordance with the Americans with Disabilities Act of 1990, the Robert L. Perry Juvenile Justice Center shall ensure that communications with individuals with disabilities is as effective as communication with others. This obligation, however, does not require the Robert L. Perry Juvenile Justice Center to take any action that it can demonstrate would result in a fundamental alteration in the nature of its services, programs, or activities or in undue financial and administrative burdens.”

Page 2, section A. 1. a., states, “Staff shall immediately notify the Superintendent, or designee, when a hearing-impaired juvenile is admitted to the Robert L. Perry Juvenile Justice Center. The Superintendent, or designee, shall then ensure that an interpreting agency that contracts with the State of Missouri shall be contacted.”

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 1., section D. 1, states, “Residents with disabilities and residents who are limited English proficient—PREA Standard 115.316: Robert L. Perry Juvenile Justice Center shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”

The facility has established a contract with the Office of State Courts Administrator for Foreign Language Interpreters. This agreement is with the International Language Center, located in St. Louis, Missouri, and is effective for the year 2025.

(b) Language Access and Equity the Robert L. Perry Juvenile Justice Center ensures that residents with limited English proficiency have equal access to all aspects of the agency’s initiatives aimed at preventing, detecting, and responding to sexual abuse and sexual harassment. To uphold this commitment, the agency has implemented procedures that provide necessary language support, including translation services and qualified interpreters, ensuring meaningful communication for residents in all interactions related to safety and well-being. Compliance with these provisions is outlined in section (a) of this standard.

(c) The Robert L. Perry Juvenile Justice Center PAQ affirms the agency's strict

	<p>prohibition on the use of resident interpreters. Over the past 12 months, the facility has maintained full compliance with this policy, reporting zero instances where residents were utilized as interpreters.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 1., section D. 2, states, "Robert L. Perry Juvenile Justice Center shall not rely on youth interpreters, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youths' safety."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, not dated 3. Job Application Form, 13th Judicial Court, not dated 4. RPJJC Addendum to the Application and Reference Check Form. dated 7.2013 <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>During the application review process, candidates with a history of convictions related to sexual abuse or sexual harassment are systematically screened out. Furthermore, individuals who had been terminated from previous institutions due to allegations or proven cases of sexual abuse or harassment were excluded from consideration for employment or promotion. This rigorous screening ensures adherence to ethical standards and prioritizes the safety and integrity of the institution.</p> <p>Review of Staff Personnel Files Compliance with PREA Audit – Juvenile Facilities Documentation Review:</p>

An evaluation of 20 staff personnel files demonstrated full compliance with each area of the PREA Audit pertaining to Juvenile Facilities Documentation Review – Employee File/Records. All required documentation was present, reflecting adherence to established standards.

Employees who had not completed Administrative Adjudication Checks or Institutional Reference Checks were identified as staff members employed at the facility prior to PREA implementation. Their records were reviewed to ensure consistency with current compliance expectations, reinforcing the facility’s commitment to upholding PREA guidelines.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ affirms that agency policy strictly prohibits the hiring or promotion of individuals who may have contact with residents if they have engaged in, been convicted of, or administratively adjudicated for sexual activity as outlined in paragraph (a)(2) of this standard. Additionally, the agency does not enlist the services of any contractors who may have contact with residents if they meet these criteria.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 2, section E. 1., a-c, states, “Robert L. Perry Juvenile Justice Center shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.”

(b) Consideration of Sexual Harassment Incidents in Hiring and Promotion Decisions: The Robert L. Perry Juvenile Justice Center adheres to a strict policy requiring the evaluation of any incidents of sexual harassment when making determinations regarding hiring, promotions, or contracting services. In accordance with agency regulations, any individual or contractor who may have direct or indirect contact with residents is subject to thorough review. This measure ensures the highest standards of safety, ethical conduct, and professionalism within the facility, prioritizing the well-being and protection of all individuals under our care.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 2, section E. 2., states, “Robert L. Perry Juvenile Justice Center shall consider any incidents of sexual harassment in determining to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.”

(c) The Robert L. Perry Juvenile Justice Center PAQ states that the agency policy requires thorough background checks for all new hires who have contact with residents. These checks include consulting child abuse registries and making every

effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of such allegations. In the past 12 months, 17 individuals hired for positions with resident contact have undergone criminal background checks.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 2, section E. 3, states, "Before hiring new employees who may have contact with youth, Robert L. Perry Juvenile Justice Center shall adhere to the pre-employment background check policy as mandated by Circuit policies (these include both a criminal records check and a child abuse registry check)."

Page 3, section 3, states, "Before hiring new employees who may have contact with youth, Robert L. Perry Juvenile Justice Center shall adhere to the pre-employment background check policy as mandated by Circuit policies (these include both a criminal records check and a child abuse registry check). Best efforts will be made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during an investigation of sexual abuse."

The facility provided a RPJJC Addendum to the Application and Reference Check Form. Page 5-6, include the following questions regarding institutional reference check questions.

1. "Have you previously worked at or volunteered in a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correction facility (Public or Private)?
2. While working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment or an inmate, detainee, client or resident of the facility?
3. Have you been found by a civil or administrative body to have engaged in sexual activity or attempted sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused? This included any actions taken upon a professional license or a professional registry and any internal Administrative Investigation issues.

(d) The Robert L. Perry Juvenile Justice Center PAQ outlines the agency's policy requiring a comprehensive criminal background records check and a review of applicable child abuse registries before engaging any contractor who may have contact with residents. Over the past 12 months, the agency has entered into seven service contracts, ensuring that criminal background record checks were conducted on all staff covered under these agreements who might interact with residents.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 2, section E. 4, states, "Robert L. Perry Juvenile Justice Center shall ensure that a criminal records check has been completed, and consult applicable child abuse registries, before enlisting the

services of any contractor who may have unsupervised contact with youth.”

(e) Background Check Requirements the Robert L. Perry Juvenile Justice Center PAQ mandates that all agency personnel undergo background checks every five years to ensure ongoing compliance with security and safety standards. The fulfillment of this requirement is further substantiated in provision (b) of this standard, reinforcing the agency’s commitment to thorough vetting procedures.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 2, section E. 5, states, “Robert

L. Perry Juvenile Justice Center shall conduct annual criminal background records checks on current employees, volunteer/student interns, and contractors who may have unsupervised contact with youth.”

(f) Section E.6 – Inquiry into Previous Misconduct To uphold the integrity, safety, and ethical standards of the Robert L. Perry Juvenile Justice Center, all prospective employees and candidates seeking promotional opportunities must disclose any previous misconduct as described in paragraph (1) of this section.

As part of the hiring and promotional process, applicants are required to complete the Application for Employment – Robert L. Perry Juvenile Justice Center Addendum in addition to the standard employment application. This ensures transparency and allows the center to make informed personnel decisions that align with its mission of fostering a safe environment for youth and staff.

Failure to complete the required documentation or the omission of pertinent information may result in disqualification from consideration for employment or promotion. The center reserves the right to verify disclosed information and take appropriate action in accordance with established policies and procedures.

Job Application Form, 13th Judicial Court, page 9-10, states,

a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

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

c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section.”

(g) The Robert L. Perry Juvenile Justice Center PAQ states: Agency policy strictly prohibits material omissions related to misconduct, as well as the provision of materially false information. Such actions are considered serious violations and shall constitute grounds for termination.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 3, section E. 7, states, “Robert

L. Perry Juvenile Justice Center shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such

	<p>misconduct, or the provision of materially false information, shall be grounds for termination.”</p> <p>(h) Title: Prevention Planning – Employment Inquiry Policy Section: E.8 – Disclosure of Substantiated Allegations</p> <p>In accordance with established policies and applicable legal provisions, the Robert L. Perry Juvenile Justice Center is committed to maintaining transparency in matters related to substantiated allegations of sexual abuse or sexual harassment.</p> <p>Agency Responsibility: a. Upon receiving an official request from an institutional employer regarding a former employee’s application for employment, the agency shall provide relevant information on any substantiated allegations of sexual abuse or sexual harassment. b. The agency shall ensure that such disclosures comply with all governing laws and regulations.</p> <p>Legal Compliance: a. Information shall only be disclosed unless expressly prohibited by law. b. The agency shall consult legal counsel when necessary to confirm compliance before releasing such records.</p> <p>Confidentiality & Record Keeping: a. Requests for information must be documented, including the requesting institution’s details, the nature of the inquiry, and any responses provided. b. Sensitive information shall be handled with discretion, ensuring that privacy rights are upheld while maintaining accountability.</p> <p>Procedures for Disclosure: a. Institutional employers must submit written requests specifying the reason for their inquiry. b. The agency shall process such requests in a timely and professional manner, in accordance with relevant procedural guidelines.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Robert L. Perry Juvenile Justice Center PAQ

	<p>Interview:</p> <p>Superintendent</p> <p>(a) The Robert L. Perry Juvenile Justice Center PREA Audit Questionnaire (PAQ) confirms that the facility has neither acquired a new building nor undertaken significant expansions or modifications to its existing structures since the most recent PREA audit.</p> <p>(b) According to the Robert L. Perry Juvenile Justice Center PAQ, the facility has not implemented any electronic surveillance systems since the last PREA audit.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, not dated 4. Boone County Child Advocate Listing, not dated 5. Law Enforcement Attempt Letter, dated 10.21.2021 6. PREA Violation Notification Checklist, not dated 7. Rainbow House Memorandum of Understanding <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Targeted residents 3. Random staff 4. Detention Superintendent/PREA Manager <p>Interviews with residents demonstrated a clear awareness of the various reporting options available to them, including speaking with staff or a trusted adult, calling the hotline or utilizing the grievance process. Likewise, all staff interviewed were able to articulate that residents could report concerns verbally, contact the hotline,</p>

reach out to the advocate, or inform their legal representative.

Site Review Observation:

In the past 12 months, there have been no criminal investigations. The facility maintained clear and accessible communication by displaying flyers throughout the premises, providing contact details and phone information.

(a) The Robert L. Perry Juvenile Justice Center operates in accordance with agency policies and legal regulations concerning the investigation of sexual abuse incidents. As outlined in the facility's Pre-Audit Questionnaire (PAQ), the center is not responsible for conducting administrative sexual abuse investigations. Furthermore, the agency and facility do not conduct criminal sexual abuse investigations, including those related to resident-on-resident sexual abuse or staff sexual misconduct.

All investigations into such matters are handled by the appropriate external authorities. The facility remains committed to ensuring a safe environment for all residents and staff and fully cooperates with designated investigative agencies as required.

Administrative investigations are conducted by the Court Services Administrator within the Out of Home Placement Investigations Unit, which operates under the broader framework of the Children's Division within the Department of Social Services for the State of Missouri.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section A. 1., states, "The Robert L. Perry Juvenile Justice Center shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. The external investigating agencies are aware of the PREA requirements."

(b) The Robert L. Perry Juvenile Justice Center PAQ indicates that this provision does not apply, as the facility does not engage in criminal or administrative investigations.

(c) The Robert L. Perry Juvenile Justice Center PAQ affirms that all residents who experience sexual abuse have access to forensic medical examinations at no cost to them. Whenever possible, these examinations are conducted by SAFE or SANE examiners to ensure specialized care. In the past 12 months, no medical or SAFE/ SANE exams have been performed. Should a juvenile require a forensic examination, the facility follows its coordinated response plan in alignment with Standard 115.365. The incident would be thoroughly documented on a critical incident form—Detention Action Report—after all necessary response protocols have been executed.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section 2, states, "When outside agencies investigate sexual abuse and sexual harassment, the Robert L. Perry Juvenile Justice Center

shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Robert L. Perry Juvenile Justice Center shall offer any resident who experiences sexual abuse access to a forensic medication examination without financial cost. See list of SAFE (and CARE Examination providers. SAFE and CARE exams are offered without financial costs to juvenile victims as noted on the SAFE Payment Program website.”

The facility provided a Rainbow House Regional Children’s Advocacy Center (CAC) Multidisciplinary (MDT) Protocols and Interagency Agreement. This agreement states the following services are available:

1. Family/Victim Advocates
2. Forensic Interviewers
3. Law Enforcement
4. SAFE-CARE Network (Medical)
5. Mental Health Providers
6. Victim Advocate
7. Co-Investigation
8. Mandated Reporting
9. Sexual Assault Forensic Exams (SAFE) and Child Abuse Resource Education
10. Case Reviews
11. Investigative Collaborative Meetings (Case Specific Meetings)

The facility has provided a comprehensive Boone County Child Advocate Listing, which includes essential address and phone number details for the Rainbow House Regional Children’s Advocacy Center. This information was verified by auditor via phone with Rainbow House staff.

(d) The Robert L. Perry Juvenile Justice Center PAQ outlines the facility’s commitment to providing victims access to advocacy services. Whenever possible, the facility makes efforts to ensure that a victim advocate from a rape crisis center is available to the victim, either in person or through alternative means, with all efforts documented accordingly. As the facility does not have qualified staff to provide such services internally, it relies entirely on the Rainbow House to fulfill all victim support needs.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section 3, states, “Robert L. Perry Juvenile Justice Center shall attempt to make available to the victim a Victim Advocate. Robert L. Perry Juvenile Justice Center shall document efforts to secure services from a Victim Advocate.”

The facility provided a PREA Violation Notification Checklist. This checklist documents:

1. Victim Resident:
2. Date of Incident:
3. Date Reported:
4. Internal/External Investigation (circle one)

5. Date Parent notified:
6. Legal Guardian/Custodian notified:
7. Attorney notified:
8. Date Investigation Completed:
9. Investigation Outcome: Substantiated or Unsubstantiated or Unfounded

(e) Support and Advocacy for Victims: The Robert L. Perry Juvenile Justice Center PAQ ensures that a qualified staff member or trained community advocate accompanies and supports the victim throughout the forensic medical examination process and investigatory interviews. This individual provides essential emotional support, crisis intervention, relevant information, and appropriate referrals to assist the victim during this critical time.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 2, section 4, states, "As requested by the victim, the victim's parent/guardian and/or a Victim Advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Such services shall be documented on the Critical Incident Review form."

(f) The Robert L. Perry Juvenile Justice Center PAQ clarifies that the agency is not responsible for administrative investigations and relies on external entities for criminal inquiries. The agency emphasizes that provisions (a) through (e) of this standard should be considered in all investigations. Criminal investigations are conducted by the Columbia City Police Department, while administrative investigations fall under the purview of the Home Placement Investigations Unit, which operates within the Children's Division of the Department of Social Services for the State of Missouri.

The facility provided a Law Enforcement Attempt Letter. The letter is addressed to the Boone County Sheriff's Department and the Columbia Police Departments Chief. The letter prefaces standard 115.321 a-e, by stating, "As an agency that is responsible for investigating allegations of sexual abuse, or involved in the investigative process, regarding our residents at the Robert L. Perry Juvenile Justice Center, we are mandated to provide you with the following section from the Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape regarding Responsive Planning requirements through the Prison Rape Elimination Act (PREA)."

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

(h) Rainbow House employees are recognized as qualified community-based staff members within the scope of this section.

Conclusion:

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

	analysis, the facility is compliant with all provisions in this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, not dated 4. 13th Robert L. Perry Juvenile Justice Center Manual of Operations, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Detention Superintendent/PREA Coordinator <p>The staff interviewed demonstrated a clear understanding of the importance of reporting allegations of harassment or abuse immediately upon becoming aware of them. The Detention Superintendent emphasized her expectation that all staff report such allegations without delay. Every staff member interviewed affirmed that they would notify their supervisor and call the designated hotline to report any allegations."</p> <p>Site Review Observation:</p> <p>The facility prominently displayed postings throughout the premises, providing information on the Missouri Child Abuse Hotline, as well as advocacy agency addresses and hotline numbers, ensuring accessibility for all.</p> <p>(a) The Robert L. Perry Juvenile Justice Center's PAQ affirms the agency's commitment to ensuring that all allegations of sexual abuse and sexual harassment undergo thorough administrative or criminal investigations. Over the past 12 months, the facility has not received any reports of sexual abuse or harassment.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 2, section B., states, "Policies to ensure referrals of allegations for investigations—PREA Standard 115.322--Robert L. Perry Juvenile Justice Center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment."</p> <p>(b) Referral of Allegations for Investigation: The Robert L. Perry Juvenile Justice Center's PAQ outlines a clear policy requiring that all allegations of sexual abuse or harassment be promptly referred for investigation. These referrals must be directed</p>

	<p>to an agency with the legal authority to conduct criminal investigations, ensuring a thorough and impartial review of any reported incidents. This policy reinforces commitment to accountability, transparency, and the safety of all individuals within the facility.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section A. 1., "The Robert L. Perry Juvenile Justice Center shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. The external investigating agencies are aware of the PREA requirements."</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section 3. b., states, "Robert L. Perry Juvenile Justice Center's report shall be approved by the Superintendent and made readily available to the public through its website or, if it does not have one, through other means."</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 2, section A. 4., "As requested by the victim, the victim's parent/guardian and/or a Victim Advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Such services shall be documented on the Critical Incident Review form."</p> <p>(c) Compliance Requirements: Standard compliance is established as outlined in provision (a) of this standard. All applicable entities must adhere to the guidelines and principles specified therein.</p> <p>(d) Auditor is not required to audit this provision.</p> <p>(e) Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Training of New

Personnel, not dated

3. National PREA Resource Center, Transgender, Gender Nonconforming, and Intersex Model Training Policy, not dated

4. PREA Overview of the Law and Your Role Training, PREA Employee Training Notification of Curriculum Utilization

5. Robert L. Perry Juvenile Justice Center Fundamental Practices, not dated

6. PREA Training Powder Point

7. Annual Employee Training Record Example for 2025

Interviews:

1. Random staff

2. Detention Superintendent/PREA Coordinator

Interviews with staff confirmed that all personnel were aware of and had received both initial and annual training on PREA and Searches. Training is conducted through instructional videos, with staff attesting that the PREA video lasts approximately three hours, while the Search training video takes one hour to complete.

Additionally, the facility provides a comprehensive PowerPoint presentation as part of its staff training program.

Site Observation:

During the review of staff training files, this Auditor observed full compliance, with 100% of the 20 personnel files meeting requirements. The Program Assistant effectively demonstrated on an Excel spreadsheet tracking completed training for each employee throughout the year, ensuring thorough and up-to-date record-keeping.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center ensures that all employees who may have contact with residents receive comprehensive training in accordance with the required provisions of this standard. The agency is committed to equipping its staff with the necessary knowledge and skills to uphold the highest standards of care and compliance.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Training of New Personnel, page 1, section I., states, "To provide all juvenile division personnel, during their first forty hours of employment, orientation/familiarization training which includes elements of orientation to the overall philosophy of the facility, working conditions, responsibilities of employees, admissions and intakes, emergency procedures, crisis intervention, communication skills, juveniles' rights, use of force, first aid and special needs of youth."

Robert L. Perry Juvenile Justice Center Policies and Procedures, Training of New Personnel, page 1-2, section A. 1., k. 1-4., states, "Initial forty hours: New program staff at the Robert L. Perry Juvenile Justice Center shall receive, during their first forty hours of employment, training which includes elements of the items listed below. Additional training in specific areas shall be completed as soon as possible

within the first year of employment. The first forty hours of training shall include:

PREA

1. Zero tolerance
2. Sexual abuse and sexual harassment prevention, detection, reporting, and responses policies and procedures
3. Residents' rights to be free from abuse, harassment, and retaliation for reporting
4. Relevant reporting laws

The facility provided National PREA Resource Center, Transgender, Gender Nonconforming, and Intersex Model Training Policy. This curriculum includes the following topics:

1. Purpose, Scope and Dissemination
2. Authority
3. Definition
4. Nondiscrimination
5. Intake
6. Confidentiality
7. Classification and Housing
8. Communication
9. Clothing and Grooming
10. Showers and Bathrooms
11. Searches
12. Gender-Affirming Medical Care
13. Mental Health Care
14. Reporting
15. Protection from Retaliation
16. Trailing
17. Affirming Resources and Programming
18. Re-Entry and Reintegration Services

The facility provided the following to demonstrate training curriculums for employees:

1. National PREA Resource Center, Transgender, Gender Nonconforming, and Intersex Model Training Policy.
2. PREA Overview of the Law and Your Role Training, PREA Employee Training Notification of Curriculum Utilization.

These curricula include the following topics:

1. Overview of the Law and Your Role
2. Inmates Rights to be Free from Sexual Abuse and Sexual Harassment and Staff and Inmate Rights to be Free from Retaliation for Reporting
3. Prevention and Detection
4. Response and Reporting
5. Professional Boundaries
6. Effective Professional Communication

(b) Training Protocols and Implementation The Robert L. Perry Juvenile Justice Center

is committed to ensuring that all training programs reflect the diverse needs, attributes, and gender considerations of the residents. Staff members undergo specialized instruction tailored to address the unique circumstances and developmental requirements of each resident, reinforcing an environment of inclusivity and effective rehabilitation. This training is structured to uphold the standards outlined in provision (a), ensuring comprehensive policy compliance and adherence to best practices in juvenile care.

(c) According to the Robert L. Perry Juvenile Justice Center PAQ, the agency ensures that employees who may have contact with residents receive refresher information between training sessions. This ensures they stay updated on current policies regarding sexual abuse and harassment.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Updated Training and Training of Volunteer and Support Staff, page 1-2, section, A. 1. e., states, "All employees will receive training on PREA standards within one year of employment. All employees will receive refresher training every two years on sexual abuse and sexual harassment policies and procedures. In alternating (non-training years), all employees will receive refresher information on same."

(d) The Robert L. Perry Juvenile Justice Center PAQ establishes that the agency ensures employees who may have contact with residents acknowledge their understanding of the training they have received. This acknowledgment is documented through either employee signatures or electronic verification, reinforcing compliance and accountability.

The facility is committed to ensuring the highest standards of care, safety, and well-being for all individuals. Trainers and staff are expected to uphold the following fundamental practices:

Health & Safety Compliance

Adherence to all health and safety guidelines as established by facility protocols.

Maintaining a clean, secure, and hazard-free environment.

Protection of Youth Rights

Ensuring every youth has the right to live in a physically and emotionally safe environment.

Commitment to a culture free from any form of abuse, harassment, or mistreatment.

Zero Tolerance Policy

Any form of maltreatment, neglect, physical, emotional, or sexual abuse is strictly prohibited.

Immediate reporting of any suspected or observed violations in accordance with facility policies.

	<p>Annual Employee Training Record Example. This training record example lists each individual facility employee, training topics completed, hours of training – per topic, trainings entered in repository, training needing to be entered, training needing to be completed. PREA training topics and hours of training for each topic include:</p> <ol style="list-style-type: none"> 1. 13th Circuit Safety Manual – Boone County - 1.0 hour (all PREA policies are in this manual) 2. PREA Unit 1 – 1 hour 3. PREA Reading – 1 hour 4. Sexual Harassment – 1 hour <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Updated Training and Training of Volunteer and Support Staff, not dated 3. National PREA Resource Center, Transgender, Gender Nonconforming, and Intersex Model Training Policy, not dated 4. Robert L. Perry Juvenile Justice Center Policies and Procedures, Updated Training and Training of Volunteer and Support Staff, not dated 5. PREA Overview of the Law and Your Role Training, PREA Employee Training Notification of Curriculum Utilization, dated 8.2014 6. Robert L. Perry Juvenile Justice Center Fundamental Practices, not dated 7. Robert L. Perry Juvenile Justice Center Contractors' Training & Development Documentation, dated 3.23.2022 <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>The Detention Superintendent was able to verify that two nurses, two teachers, and the staff of two dental buses had successfully completed PREA training. Additionally, teaching staff and district educators confirmed their awareness of PREA and attested to having received the necessary training.</p> <p>The facility provided Robert L. Perry Juvenile Justice Center Contractors' Training &</p>

Development Documentation for both Teachers. Teachers were trained on the following topics:

1. PREA Effective and Professional Communication
2. PREA Inmate's Rights to be Free from Sexual Abuse and Harassment
3. PREA Overview of the Law and Your Role
4. PREA Prevention and Detection
5. PREA Professional Boundaries
6. PREA Response and Reporting

Provisions:

(a) The Robert L. Perry Juvenile Justice Center's PAQ affirms that all volunteers and contractors who interact with residents have undergone comprehensive training on their responsibilities under the agency's policies and procedures. This training specifically covers the prevention, detection, and response to sexual abuse and harassment to ensure a safe and supportive environment for all residents.

The program maintains a dedicated team of professionals, including one psychiatrist, two teachers, three nurses, and two interns, all of whom have direct contact with residents and contribute to their well-being.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Updated Training and Training of Volunteer and Support Staff, page 2, section 3, states, "Orientation and updated training for support staff and volunteers will be appropriate to their needs and based on prior experience, frequency of juvenile contact, and program responsibility."

The facility provided National PREA Resource Center, Transgender, Gender Nonconforming, and Intersex Model Training Policy. This curriculum includes the following topics:

1. Purpose, Scope and Dissemination
2. Authority Definition
3. Nondiscrimination
4. Intake
5. Confidentiality
6. Classification and Housing
7. Communication
8. Clothing and Grooming
9. Showers and Bathrooms
10. Searches
11. Gender-Affirming Medical Care
12. Mental Health Care
13. Reporting
14. Protection from Retaliation
15. Trailing
16. Affirming Resources and Programming
17. Re-Entry and Reintegration Services

The facility provided the following to demonstrate training curriculums for

employees/interns/contractors/volunteer:

1. National PREA Resource Center, Transgender, Gender Nonconforming, and Intersex Model Training Policy.
2. PREA Overview of the Law and Your Role Training, PREA Employee Training Notification of Curriculum Utilization.

These curricula include the following topics:

1. Overview of the Law and Your Role
2. Inmates Rights to be Free from Sexual Abuse and Sexual Harassment and Staff and Inmate Rights to be Free from Retaliation for Reporting
3. Prevention and Detection
4. Response and Reporting
5. Professional Boundaries
6. Effective Professional Communication

Fundamental Practices Outline

The facility is committed to maintaining the highest standards of health, safety, and well-being for all youth in its care. The following fundamental practices are essential to ensuring a safe and supportive environment:

1. Health and Safety Compliance

Adherence to all facility health and safety protocols.

Implementation of measures to prevent injury, illness, and hazards.

2. Respect for Rights

Preserving the right of every youth to live in a physically and emotionally safe space.

Ensuring an environment free from all forms of abuse, harassment, maltreatment, neglect, and exploitation, including physical, emotional, and sexual harm.

3. Professional Conduct

Upholding integrity, empathy, and respect in interactions with youth.

Addressing concerns promptly and appropriately, following established procedures.

(b) Volunteer and Contractor Training Compliance The Robert L. Perry Juvenile Justice Center ensures that all volunteers and contractors receive training tailored to the nature of their services and the degree of contact they maintain with residents. Individuals who interact with residents are explicitly informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Additionally, they are instructed on the procedures for reporting such incidents. The facility affirms that volunteers and contractors undergo the same level of training as employees, ensuring consistency in awareness, prevention, and response protocols. Further details on policy and compliance are outlined in provision (a) of this standard.

(c) The Robert L. Perry Juvenile Justice Center PAQ asserts that the agency maintains

	<p>thorough documentation verifying that all volunteers and contractors have comprehended and acknowledged the training they have received.</p> <p>The facility provided Fundamental Practices Outline and Trainer Acknowledgment. The fundamentals include Practicing all health and safety expectations, preserving the rights of every youth to live in a physically and emotionally safe environment (free from any abuse or harassment including maltreatment, neglect, physical, emotional, and sexual. The acknowledgment states, "I have read and understand the materials provided." Each includes a printed name, signature, date and supervisor signature.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, not dated 3. Robert L. Perry Safety First PREA Manual, not dated 4. Robert L. Perry Juvenile Justice Center Policies and Procedures, Admission Policy, not dated 5. Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, not dated 6. Robert L. Perry Safety First PREA Manual, not dated 7. Office of State Courts Administrator, Foreign Language Interpreters Contract <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. Detention Superintendent/PREA Coordinator <p>Interviews with the 8 random residents, each reported they were educated on PREA, reporting options to staff, calling the hotline or telling their families. Most understood they were able to report anonymously and by filling out a grievance.</p> <p>Site Observation:</p>

Resident File Review Summary During the PREA Audit – Juvenile Facilities Documentation Review, eight resident files were examined using the designated Resident Files/Records template. The review confirmed that all residents had received PREA education on the day of intake and again within four hours of admission. Additionally, each resident completed the Safety First Handbook as part of the education process, ensuring comprehension of key PREA policies and procedures.

The documentation demonstrates compliance with PREA standards, reflecting the facility's commitment to resident safety and awareness regarding prevention of sexual abuse. Records indicate that all required education sessions were administered in a timely manner and properly documented in individual resident files.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ states that all residents receive information at the time of intake regarding the facility's zero-tolerance policy on sexual abuse and sexual harassment. This information also includes guidance on how to report any incidents or suspicions. In the past 12 months, 141 residents were admitted and provided with this information during intake.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, page 1, section C. 1., states, "During the admission process, youth will receive the PREA Intake form, which explains zero tolerance and reporting practices."

(b) The Robert L. Perry Juvenile Justice Center PAQ reports that, over the past 12 months, 123 residents received age-appropriate PREA education within 10 days of intake.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, page 1, section C. 2., states, "After the admission process and upon being assigned a room, a resident will receive the Safety 1st manual. Residents will be given at least two hours to review the information regarding their rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting, and Robert L. Perry Juvenile Justice Center's policies regarding response and investigation. Residents may request to review PREA information at any reasonable time. Staff will personally review the material with the resident and allow an opportunity for discussion or questions. Staff and juvenile will sign an acknowledgement form. Residents on Detention wing will acknowledge their understanding of the PREA information by signing the Detention Room Review form. Residents on the Program wing will acknowledge their understanding of the PREA information by signing the Safety 1st log."

The facility provided a Robert L. Perry Safety First PREA Manual. Page 2 states, "It's important to know! All JJC staff are required to preserve the rights of every youth to live in a physically and emotionally safe environment that is free of any physical, emotional, sexual abuse, harassment, and retaliation." Subsequent pages speak to

the following topics:

1. If there is a situation that you do not feel like staff(s) is keeping you safe;
2. Your Rights and Responsibilities
3. Safety Also Means: free from abuse including sexual abuse and harassment
4. While there is not physical or sexual contact permitted at JJC, remember"
 - a. You have the right to say "NO" if someone wants to touch you in any way that makes you feel uncomfortable, afraid or confused.
 - b. You have the right and the responsibility to take care of yourself. You can set limits for yourself and others, trust your feelings, and not let others pressure you.
 - c. True consent means both partners have equal power. Equal power means equal knowledge and equal freedom to make decisions, without pressure.
 - d. Forcing or pressuring someone to have sex is never okay. Force may be physical. It can also be non-physical, as in deception, trickery, threats, and verbal pressure.
 - e. Remember if you are sexually harassed or forced into sexual contact let staff know.
 - f. You will not be blamed if someone touches you in a way that does not seem right, it is not your fault.
 - g. You will not be hurt or blamed if you tell staff or other trusted adults about any abuse you report.
 - h. All reports of abuse or harassment will be followed-up on and checked into by staff. Help is always available.

(c) Resident Transfers and Rights Education The Robert L. Perry Juvenile Justice Center PAQ affirms that facility residents have not been transferred to this location. In accordance with agency policy, any resident transferred between facilities must receive education regarding their rights to ensure awareness and compliance with established regulations.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Admission Policy, page 6, section 3., states, "When a juvenile transfers to the program wing from the detention wing, staff conduct a tour of the facility, showing the juvenile the dining area, the multipurpose area, and the wing on which the juvenile's room will be. The juvenile will be provided with bedding items and a Program Services Orientation Manual. The staff will review with the juvenile the policies and procedures of the program wing. Residents will be assigned a locker for storage and two changes of clothing and other non-valuable items.

(d) Robert L. Perry Juvenile Justice Center Standard Operating Procedure 17.5, Residents with Disabilities and/or Limited English Proficient, page 1, section 1.a.

	<p>states, “Residents with disabilities and residents who are limited English proficient.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Prevention Planning, page 1, section D., states, “Robert L. Perry Juvenile Justice Center shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”</p> <p>The facility has entered into an agreement with the Office of State Courts Administrator for foreign language interpretation services. This contract, established with International Language Center in St. Louis, Missouri, is officially in effect for the year 2025.</p> <p>(e) The Robert L. Perry Juvenile Justice Center maintains thorough documentation of resident participation in PREA (Prison Rape Elimination Act) education sessions, as outlined in the facility's PAQ. This documentation ensures compliance with PREA standards and demonstrates the facility's commitment to educating residents about their rights and protections.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, page 1, section C. 3., states, “Periodically, residents will be offered educational programming regarding sexual abuse and sexual harassment topics. Residents complete a program participation form.”</p> <p>(f) The Robert L. Perry Juvenile Justice Center ensures that essential information regarding the agency's PREA policies remains continuously accessible and highly visible. This commitment is upheld through a variety of formats, including posters, resident handbooks, and other written materials, ensuring comprehensive awareness for all individuals within the facility.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, page 1, section C. 4., states, “Robert L. Perry Juvenile Justice Center will display PREA-related posters throughout the facility, as well as making the orientation and Safety 1st manuals available upon requests at reasonable times.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. Robert L. Perry Juvenile Justice Center PAQ</p> <p>Interview:</p> <p>1. Detention Superintendent/PREA Coordinator</p> <p>The Detention Superintendent clarified that the agency relies on the Out of Home Placement Unit to handle administrative investigations, while local law enforcement is responsible for conducting criminal investigations.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ indicates that this standard is not applicable, as all investigations—both criminal and administrative—are conducted by external entities. According to the facility, criminal investigations fall under the jurisdiction of either the Columbia County Police or the Boone County Sheriff's Office. Administrative investigations, on the other hand, are carried out by the Court Services Administrator from the Out of Home Placement Investigations Unit. This unit operates under the Children's Division, which is part of the Department of Social Services for the State of Missouri.</p> <p>(b) NA</p> <p>(c) NA</p> <p>(d) Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

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

Document Review:

1. Robert L. Perry Juvenile Justice Center PAQ
2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, not dated
3. Robert L. Perry Juvenile Justice Center Policies and Procedures, PREA Training and Education, not dated
4. Contractor Training Documentation

Interview:

1. Detention Superintendent/PREA Coordinator

During the interview, the Detention Superintendent/PREA Coordinator effectively demonstrated that staff members are well-informed about the specialized training requirements for medical and mental health personnel.

The facility provided training documentation for teaching staff, demonstrating the following topics were trained.

- PREA Effective and Professional Communication
- PREA Inmates' Rights to be Free from Sexual Abuse and Harassment
- PREA Overview of the Law and Your Role
- PREA Prevention and Detection
- PREA Professional Boundaries
- PERA Response and Reporting

Site Observation:

Medical and mental health services are provided through contracted professionals within the community, ensuring accessible and specialized care for individuals in need.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency maintains a policy regarding the training of medical and mental health practitioners who regularly work within its facilities. In accordance with this policy, a total of three medical and mental health care practitioners at this facility have successfully completed the required training.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Training and Education, page 1, section III. A., states, "Robert L. Perry Juvenile Justice Center will train and/or educate its residents, employees, and onsite service providers in adherence to PREA Standard -115.333 and 115.335."

Robert L. Perry Juvenile Justice Center Policies and Procedures, PREA Training and Education, page 1, section B., states, "Education—All staff, volunteers, and contract providers will complete a PREA Fundamental Practices pamphlet, including reviewing the information, discussing with the Superintendent or designee, and signing the pamphlet as confirmation that they understand the training and information they have received."

	<p>(b) The Robert L. Perry Juvenile Justice Center's Program Assessment Questionnaire (PAQ) explicitly states that the agency's medical staff at this facility do not perform forensic medical examinations.</p> <p>(c) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency consistently maintains documentation verifying that all medical and mental health practitioners have successfully completed the required training. This documentation serves as a critical component of compliance with established standards and reinforces the agency's commitment to providing competent and qualified healthcare services. Further reference to policy compliance can be found in provision (a) of this standard.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Screening for Risk of Sexual Victimization and Abusiveness, not dated 3. Screening Instructions, Section 115.341, not dated 4. Assessments 5. Robert L. Perry Juvenile Justice Center, Sexual Assault Victim/Assailant Checklist, not dated <p>Interview:</p> <ol style="list-style-type: none"> 1. Shift Supervisor/Intake staff <p>Interviews with the Shift Supervisor confirmed that a risk assessment is conducted for each resident during the intake process or within 72 hours of arrival. Resident risk levels are documented in the daily Population Offense Report and communicated to relevant staff. Teaching staff receive updates on resident risk through daily emails and ongoing discussions with direct care staff, ensuring awareness and preparedness in their interactions.</p> <p>Site Review:</p>

During the review of seven resident files, the auditor confirmed that each resident had undergone screening either on the day of admission or within 72 hours. The average length of stay at this facility is 32 days.

The Robert L. Perry Juvenile Justice Center PAQ outlines that the facility enforces a policy mandating the screening of residents, upon admission or transfer, to assess their risk of sexual abuse victimization or potential for sexually abusive behavior toward others. Over the past 12 months, 148 residents, whose stays exceeded 72 hours, were screened within 72 hours of their entry into the facility for these risks.

Provisions:

(a) Robert L. Perry Juvenile Justice Center Policies and Procedures, Screening for Risk of Sexual Victimization and Abusiveness, page 1, section A. 1., states, "Upon admission to the facility, and no more than 72 hours after admission, the Superintendent, or his designee, shall obtain information for use in reducing the risk of sexual abuse by or upon a youth by interviewing the youth and completing the Sexual Assault Victim/Assailant Checklist. Staff may also review information contained in medical and mental health files, as well as court documentation. The Superintendent will use the Screening Instructions as guidance in completing the checklist.

Page 1, paragraph four of the Screening Instructions, Section 115.341, states, "Within a set period of time, not to exceed 30 days from the resident's arrival, the resident shall be reassessed for the resident's risk of victimization and abusiveness based upon any additional, relevant information received by the facility since the intake screening. A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness."

(b) The Robert L. Perry Juvenile Justice Center PAQ outlines that the facility conducts thorough risk assessments using an objective screening instrument. This approach ensures a standardized and evidence-based evaluation of individuals, allowing for accurate identification of potential risks and needs. By implementing an objective screening process, the facility can make informed decisions that prioritize both the safety of the community and the well-being of the individuals under its supervision.

The facility provided a Robert L. Perry Juvenile Justice Center, Sexual Assault Victim/Assailant Checklist. This checklist addresses the following:

1. Identifying Data

(a) Youth Name

(b) Date of Screening

(c) Complete by:

(d) Admission Date:

(e) Number of Prior Referrals

(f) JDTA Code

2. Possible victim status:

a) Age 15 or under/comments

b) Small physical stature (under 5'5" and or LT 125 lbs.) or lacking physical maturity/comments

c) Physical or developmental disability or mental illness/comments

d) First secure confinement of any kind/comments

e) Juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming/comments

f) History as victim of sexual abuse or exposure to sexual exploitation or violence (If yes then a meeting with a medical or mental health practitioner must be offered within 14 days) (Information must be reported if not done so previously)/comments

g) History of facility consensual sex/comments

h) History of protective custody/comments

i) Reports concern over ability to define oneself/comments

j) Lacks facility social support/comments

Possible Predatory Status:

1. Pending sexual assault allegation or prior sexual assault referral/comments

2. History of Institutional predatory behavior/comments

3. History as perpetrator of sexual abuse/comments

4. History as perpetrator of physical abuse/comments

5. Gang affiliation/comments

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

(c) Compliance with risk screening requirements Organizations must adhere to the risk screening protocols outlined in provision (b) of this standard. These protocols establish the necessary procedures to identify, assess, and mitigate potential risks, ensuring alignment with regulatory and operational expectations.

	<p>(d) Compliance with Policy: Adherence to the provisions outlined in this standard shall be governed by the requirements specified in provision (a). All relevant policies and procedures must align with the compliance guidelines established therein.</p> <p>(e) Robert L. Perry Juvenile Justice Center Policies and Procedures, Screening for Risk of Sexual Victimization and Abusiveness, page 1, section A. 3., states, "Information received during admission shall be disseminated in accordance with Content, Access, Use, Confidentiality, Retention, and Security of Juvenile Records, Logs, and Reports."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Placement of Youth, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Transgender Resident NA 2. PREA Compliance Manager 3. Risk Screening 4. Superintend/PREA Coordinator <p>Interviews with risk screening staff and facility staff confirmed that resident risk levels are consistently communicated to all departmental personnel. This is achieved through direct discussions with facility staff and via a daily roster that outlines key risk factors, ensuring comprehensive awareness and coordination.</p> <p>Site Review:</p> <p>Upon reviewing seven resident files, the Auditor confirmed that each resident had undergone screening either on the day of admission or within 72 hours of arrival. Given the residents' short length of stay, no work assignments were allocated.</p> <p>Previsions:</p>

(a) The Robert L. Perry Juvenile Justice Center takes comprehensive measures to ensure the safety and well-being of all residents. As outlined in the facility's PAQ (Pre-Audit Questionnaire), information obtained from the risk screening mandated by §115.341 is actively utilized to determine housing, bed placements, work assignments, educational opportunities, and program participation. This systematic approach is designed to prevent sexual abuse by making informed decisions that minimize risks and create a secure environment.

By tailoring assignments based on individual assessments, the facility prioritizes the protection of vulnerable residents while fostering a safe and rehabilitative atmosphere. This proactive strategy reflects the commitment of the Robert L. Perry Juvenile Justice Center to uphold the highest standards of care and security in accordance with the PREA (Prison Rape Elimination Act) regulations.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Placement of Youth, page 1, section A., states, "Robert L. Perry Juvenile Justice Center shall use information obtained during the comprehensive admission process, including the Sexual Assault Victim/Assailant Checklist, to make placement decision with the goal of keeping all youth safe and free from sexual abuse. Placement decisions regarding identified lesbian, gay, bisexual, transgender, or intersex youth shall not be made solely on the basis of such identification or status."

(b) Isolation Policy and Practices at the Robert L. Perry Juvenile Justice Center:

The Robert L. Perry Juvenile Justice Center adheres to strict guidelines regarding the placement of residents in isolation. As outlined in the facility's PAQ, isolation is utilized only as a last resort to ensure the safety of residents from potential harm by others, and only until alternative arrangements can be made.

The facility is committed to maintaining equitable access to programming for all residents, including those in isolation. Residents placed in isolation continue to receive the same educational, recreational, and rehabilitative offerings as those in the general population, ensuring their uninterrupted engagement in facility programs.

Over the past 12 months, there have been zero instances of residents placed in isolation due to risk of sexual victimization or the need for protection from such threats. This statistic underscores the facility's proactive approach to resident safety and well-being.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Placement of Youth, page 1, section B-C., states, "Youth shall only be isolated or separated as a last resort, and upon approval by the Superintendent, when less restrictive measures are inadequate to keep residents safe. Lesbian, gay, bisexual, transgender, or intersex youth shall not be isolated or separated solely on the basis of such identification or status. Residents in isolation shall still be afforded all medical, mental health, education, and programming opportunities available. Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be placed in isolation or separation as a last resort, and upon approval by the

Superintendent, and only until less restrictive measures can be found. When a youth is placed in a separate room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378 shall apply.”

(c) The Robert L. Perry Juvenile Justice Center maintains a strict policy ensuring that lesbian, gay, bisexual, transgender, or intersex residents are not assigned housing, bed placements, or other accommodations based solely on their identity or status. This approach upholds the principles of fairness, dignity, and non-discrimination, ensuring that all residents are evaluated based on their individual needs rather than any singular aspect of their identity. Compliance with this policy is supported by the guidelines outlined in provision (a) of this standard.

The facility housed no youth that identified as lesbian, gay, bisexual, transgender, or intersex during the onsite audit.

(d) Housing and Program Assignments for Transgender and Intersex Residents The Robert L. Perry Juvenile Justice Center evaluates housing and program assignments for transgender and intersex residents on a case-by-case basis. This individualized approach ensures that each resident's safety, well-being, and gender identity are appropriately considered. Facility staff take into account multiple factors, including the resident's expressed preference, security concerns, and the most supportive environment for their rehabilitation. Decisions are made in accordance with best practices and applicable legal guidelines to promote dignity and respect for all individuals within the facility.

(e) Reassessment of Placement and Programming Assignments: The placement and programming assignments for each transgender or intersex resident shall undergo a comprehensive review at least twice annually. This reassessment aims to identify and address any threats to the resident’s safety, ensuring their well-being within the facility.

During the onsite phase of the audit, the Detention Superintendent stated that 30-day detention reviews, conducted pursuant to Supreme Court Rules 127.08 and 127.09, serve as formal assessments of continued placement in detention.

(f) The perspectives of transgender and intersex residents regarding their personal safety shall be taken into serious consideration, ensuring that their concerns and insights are respected and incorporated into decision-making processes.

(g): Transgender and intersex residents shall be provided with the option to shower separately from other residents, ensuring privacy and accommodation in accordance with their needs.

During the onsite phase of the audit, the Auditor observed that each cell in the facility is designed as a single bunk. On the detention side of the program, each bed is accompanied by a toilet and sink, while four individual shower rooms feature doors that close and lock, with no windows. On the residential side, sleeping cells are single-occupancy, and bathrooms—including toilets—are located in a shared facility where access is restricted to one resident at a time.

	<p>(h) The Robert L. Perry Juvenile Justice Center PAQ reports that, over the past 12 months, there have been no residents identified as at risk of sexual victimization who were placed in isolation.</p> <p>(i) The Robert L. Perry Juvenile Justice Center's Policy and Procedure Manual states that if a resident is placed in isolation, a review will be conducted every 30 days to assess whether continued separation remains necessary.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Placement of Youth, page 1, section D., states, "Upon a resident being isolated, the Superintendent or his designee shall document the basis for concern regarding the resident's safety and why no alternative means of separation can be arranged. Robert L. Perry Juvenile Justice Center will review treatment needs, including placement decisions and a youth's risk for sexual victimization and abusiveness. Every 30 days that a resident remains in isolation status, the Superintendent shall review the decision to continue isolation."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, not dated 4. Robert L. Perry Juvenile Justice Center Safety 1st Manual, not dated 5. Orientation Manual, dated 2022 6. Fundamental Practices Outline and Trainer Acknowledgment, not dated 7. If Someone Has Hurt You It's Okay to Tell flyer, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Random residents 3. Targeted residents NA

Residents interviewed acknowledged awareness that family members, friends, or legal representatives could submit third-party reports on their behalf if they felt uncomfortable reporting independently. They confirmed the procedures for placing legal or PREA-related telephone calls, which could be made privately—without monitoring or recording—as soon as staff were available. No such calls were noted as having occurred.

Interviewed residents also referenced the facility's posted hotline advocate phone number and affirmed its visibility. Most residents were aware of their right to report anonymously. Among the randomly selected interviewees, all were willing and able to respond to questions. During the onsite audit, no targeted residents were housed at the facility for interview.

Site Observations:

Review of Resident Files and Reporting Education An examination of seven resident files confirmed that everyone had received education on reporting requirements during intake. Additionally, resident reporting posters were prominently displayed throughout the facility, including living units, educational spaces, common areas, day rooms, and administrative sections.

(a) The Robert L. Perry Juvenile Justice Center has implemented comprehensive procedures that ensure residents have multiple confidential avenues to report instances of sexual harassment, abuse, retaliation, or neglect. These internal reporting mechanisms are designed to protect residents' privacy while ensuring prompt and appropriate response from agency officials. The agency is committed to fostering a safe and supportive environment where all concerns are addressed with diligence, confidentiality, and respect.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 1, section A. 1., states, "Robert L. Perry Juvenile Justice Center shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents in accordance with Juvenile Grievance Procedures.

The facility has provided a Safety First Manual to ensure a secure and respectful environment for all individuals. On page 3, in the section titled 'Let Staff Know,' it is stated: 'If you ever feel that staff members are not maintaining a safe environment due to crossed boundaries or any inappropriate and/or harmful actions directly affecting you, there is a designated process for reporting such concerns. Specifically, this includes harmful or inappropriate behaviors such as sexual, physical, or emotional abuse, as well as sexual harassment. Here is the process:

- Ask to speak to a staff member that you feel like you can go to. Share with them the concerns that you have that relate to the above. If you feel safer going to their supervisor, then you have that right as well.
- You may also complete a written grievance so that you can state your concerns in

writing. Please make certain that what you state/write is accurate and honest.

The facility provided a posting, "If Someone Has Hurt You, It's Okay to Tell" flyer. The flyer includes contact information to the Child Abuse and Neglect Hotline.

(b): Reporting Abuse or Harassment & Civil Immigration Policy Considerations The Robert L. Perry Juvenile Justice Center ensures that residents have access to at least one independent mechanism for reporting abuse or harassment. This reporting avenue may include contact with a public or private entity or office that operates outside the agency's jurisdiction, thereby providing residents with a safe, external channel to voice concerns.

Currently, the agency does not have a policy mandating that residents detained solely for civil immigration purposes receive information regarding communication with consular officials or relevant representatives of the Department of Homeland Security. Establishing such a policy could enhance transparency and access to resources for affected residents, aligning with broader standards for detainee rights and international protections.

(c) The Robert L. Perry Juvenile Justice Center adheres to a strict policy ensuring that all reports of sexual abuse and sexual harassment are accepted and processed appropriately. Staff members are required to receive reports made verbally, in writing, anonymously, or from third parties, without exception.

Additionally, the policy mandates that staff document all verbal reports promptly, with immediate documentation required. In accordance with established procedures, all verbal reports must be formally documented within 24 hours.

This commitment reinforces the Center's dedication to maintaining a safe and transparent environment for all individuals under its care.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 1, section A. 2., states, "Robert L. Perry Juvenile Justice Center employees are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented by receiving staff. The documentation of verbal reports shall be maintained by the Superintendent and/or PREA Compliance Manager."

(d) The Robert L. Perry Juvenile Justice Center PAQ affirms that the facility provides residents with accessible tools to submit written reports concerning incidents of sexual abuse, sexual harassment, retaliation by fellow residents or staff, and instances of staff neglect or failure to uphold responsibilities that may have contributed to such events. For further details on policy compliance, refer to provision (a) of this standard.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 1, section A. 4., states, "Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity."

	<p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section I., states, "Upon admission, juveniles shall be informed of their right to make a grievance against any behavior or disciplinary action of staff or other juveniles. All grievances shall be handled expeditiously and without threats or reprisals against the individual making the grievance."</p> <p>(e) The Robert L. Perry Juvenile Justice Center ensures that all staff members have access to established procedures for privately reporting any instances of sexual abuse or sexual harassment involving residents. These procedures are designed to safeguard confidentiality while maintaining compliance with agency policies.</p> <p>To uphold this commitment, staff receive comprehensive training both during their initial on-boarding and as part of annual refresher sessions. This training aligns with the requirements set forth in provision 115.331(a)(1-11), equipping employees with the necessary knowledge and resources to identify, report, and address incidents responsibly.</p> <p>By prioritizing private reporting mechanisms and ongoing education, the agency fosters a secure environment where residents' rights and safety remain the highest priority.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 1, section A. 3., states, "Staff may privately report, verbally or in writing, sexual abuse and sexual harassment of residents to the Superintendent, supervisory staff, or a member of the Sexual Harassment Prevention team."</p> <p>The facility provided Fundamental Practices Outline and Trainer Acknowledgment. The fundamentals include: Practicing all health and safety expectations, preserving the rights of every youth to live in a physically and emotionally safe environment (free from any abuse or harassment including maltreatment, neglect, physical, emotional, and sexual. The acknowledgment states, "I have read and understand the materials provided." Each includes a printed name, signature, date and supervisor signature.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Robert L. Perry Juvenile Justice Center PAQ
2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, not dated
3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, not dated

Interviews:

1. Random residents
2. Random Staff
3. Targeted residents NA
4. Detention Superintendent/PREA Coordinator

Interviews with residents revealed a clear understanding of the grievance procedures, including the option to seek assistance from a trusted adult if needed. Notably, no residents reported filing a grievance form, nor had any grievances been submitted in the past 12 months. Many residents expressed positive sentiments about the facility staff, stating they felt comfortable addressing concerns directly with them.

Site Observation:

Grievance Statement I would like to formally address the accessibility and placement of grievance and PREA (Prison Rape Elimination Act) reporting resources within the facility. While grievance boxes, third-party postings, and third-party reporting forms are intended to provide residents and visitors with a convenient method to report concerns, their placement in high-traffic areas may raise privacy and confidentiality concerns.

Ensuring that individuals feel secure when submitting reports is essential to fostering a safe and transparent environment. I respectfully request a review of the current placement of these resources to determine whether alternative locations or additional measures could enhance anonymity and ease of access for those utilizing them.

Provisions:

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

Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section I., states, "Upon admission, juveniles shall be informed of their right to make a grievance against any behavior or disciplinary action of staff or other juveniles. All grievances shall be handled expeditiously and without threats or reprisals against the individual making the grievance."

(b) The Robert L. Perry Juvenile Justice Center PAQ outlines that agency policy

permits residents to file grievances concerning allegations of sexual abuse at any time, irrespective of when the incident is claimed to have occurred.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section A. 1., states, "At the time of admission and upon review of the orientation manual, the juvenile shall be informed of the right to make a grievance against any perceived mistreatment by reporting same in person, or in writing, to any staff member or to the Superintendent."

(c) Grievance Procedure for Allegations of Sexual Abuse The Robert L. Perry Juvenile Justice Center's PAQ outlines the agency's policy and procedure for handling resident grievances related to allegations of sexual abuse. In accordance with this policy, a resident may submit a grievance regarding sexual abuse without being required to submit it to the staff member who is the subject of the complaint. Additionally, the agency's procedures strictly prohibit referring such grievances to the implicated staff member, ensuring a fair and unbiased review process.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section A. 2. a-b., states, "Grievances may be made by the juvenile in writing with the Complaint Form or verbally to the staff at the Robert L. Perry Juvenile Justice Center.

a. A resident who alleges sexual abuse may submit a grievance without giving it to a staff member named in the grievance.

b. A grievance of this type may not be referred to a staff member named in the grievance."

Residents have access to Chromebooks throughout the school day. Additionally, the provided web address serves as a resource for reporting abuse, available to residents and all third parties.

(d) The Robert L. Perry Juvenile Justice Center PAQ outlines the agency's policies and procedures, ensuring that any grievance or portion of a grievance alleging sexual abuse is reviewed and decided upon within 90 days of its submission. Over the past 12 months, there have been no grievances filed alleging sexual abuse.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section A. 4-5., "The Superintendent will be notified in writing within a reasonable time of all complaints against staff members. Staff should be notified of all complaints against other juveniles, and unresolved grievances shall be brought to the attention of the Superintendent within 24 working hours. The Superintendent, or designee, will provide the juvenile with a verbal and/or written response, including reason for decision, within 48 hours of receiving the grievance."

(e) The Robert L. Perry Juvenile Justice Center PAQ outlines the agency's policy and procedure regarding third-party assistance in filing administrative remedy requests related to allegations of sexual abuse. This policy permits various third parties—including fellow residents, staff members, family members, attorneys, and outside advocates—to assist residents in filing such requests or to file requests on their behalf. If a resident chooses to decline third-party assistance in filing a

grievance alleging sexual abuse, the agency is required to document the resident's decision.

Additionally, the policy grants parents or legal guardians the right to file grievances alleging sexual abuse, including appeals, on behalf of a resident, regardless of whether the resident consents to the grievance being filed. Over the past 12 months, no grievances alleging sexual abuse were filed by residents who declined third-party assistance, as documented by the agency.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section A. 6., "The juvenile has the ability to appeal the grievance decision to the Court Administrator or his/her designee."

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 1, section B 1-4, states, "

1. Robert L. Perry Juvenile Justice Center shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. This information will be displayed on the internet page.
2. A third party may assist the residents in filing a grievance report.
3. If a third-party report is received, Supervisory staff will discuss with the resident whether or not they wish to proceed with the grievance process. Supervisory staff will record on the Grievance form the juvenile's decision.
4. A juvenile's decision to proceed with grievance process or decline shall be taken into consideration and recorded, however the grievance may still advance through the grievance process.

(f) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency has established policies and procedures for filing emergency grievances in cases where a resident faces a substantial risk of imminent sexual abuse. According to agency policy, emergency grievances of this nature require an initial response within 48 hours. Over the past 12 months, there have been no reported emergency grievances alleging substantial risk of imminent sexual abuse. Additionally, the agency's procedure mandates that a final agency decision regarding such grievances must be issued within five days.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section C., states, "When Robert L. Perry Juvenile Center learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth. The Coordinator Response protocols will be followed.

(g) The Robert L. Perry Juvenile Justice Center adheres to a strict policy ensuring that residents who file grievances alleging sexual abuse are protected from disciplinary actions unless there is clear evidence of bad faith. This policy reflects the agency's commitment to fostering a safe and supportive environment where residents feel empowered to report concerns without fear of retaliation. Over the past 12 months, there have been no instances in which a resident grievance alleging sexual abuse was deemed to have been filed in bad faith, resulting in

	<p>disciplinary action. This statistic underscores the integrity of the grievance process and the agency's dedication to upholding the rights and welfare of its residents.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Juvenile Grievance Procedure, page 1, section III. A. 3., states, "No reprisals shall be taken against anyone using or participating in this process."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, not dated 3. Rainbow House Regional Children's Advocacy Center (CAC) Multidisciplinary (MDT) Protocols and Interagency Agreement 4. Boone County Child Advocacy SAFE Listing, not dated 5. If Someone Has Hurt You It's Okay to Tell flyer, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Targeted residents NA <p>Residents interviewed demonstrated their understanding of reporting procedures, including calling the designated hotline, reaching out to the advocate number posted, or confiding in a trusted adult within the program or community. Each resident expressed feeling safe in the program and comfortable reporting incidents of sexual harassment or abuse.</p> <p>Site Observation:</p> <p>Reporting Procedures and Accessibility Reporting phone numbers were visibly taped to staff desks in areas where juveniles made phone calls. During the pre-audit phase, the Auditor emphasized the importance of ensuring staff were aware that hotline and advocate calls would remain confidential and un-monitored.</p>

Additionally, a memo received by the Auditor was posted near the reporting numbers and positioned close to the phone used by residents. Throughout the facility, reporting posters were prominently displayed, ensuring accessibility for all residents.

(a) The Robert L. Perry Juvenile Justice Center PAQ ensures that residents have access to outside victim advocates for emotional support services related to sexual abuse by implementing the following measures:

Providing Information: Residents are given access to mailing addresses and telephone numbers—including toll-free hotline numbers where available—of local, state, and national victim advocacy or rape crisis organizations. This information is made available through postings, distribution, or other accessible means.

Exclusion of Immigrant Service Agencies: The facility does not provide immigrant residents—those detained solely for civil immigration purposes—with mailing addresses or telephone numbers, including toll-free hotline numbers, of immigrant service agencies.

Confidential Communication: The center enables reasonable communication between residents and victim advocacy organizations in a manner that prioritizes confidentiality as much as possible.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 1-2, section C. 1., states, “Robert L. Perry Juvenile Justice Center shall provide youth with access to an outside victim advocate and/or mental health professional for emotional support services related to sexual abuse. Robert L. Perry Juvenile Justice Center shall allow reasonable communication between youth and these providers, in as confidential a manner as possible.”

The facility distributed an 'If Someone Has Hurt You, It's Okay to Tell' flyer, which included contact information for the Boone County Juvenile Office Victim Advocate, as well as the address and phone number of the Rainbow House."

The facility provided a Boone County – Child Advocacy SAFE flyer. This flyer has address and phone numbers for:

1. Prosecuting Attorney
2. Sheriff's Department
3. Compass Health Network
4. Jefferson County Rape and Abuse Crisis Services
5. Rainbow House Regional Child Advocacy Center

(b) The Robert L. Perry Juvenile Justice Center ensures that residents are fully informed before accessing outside support services. Specifically, the facility communicates the extent to which such communications will be monitored. Additionally, before granting access to external victim advocacy services, residents receive information regarding mandatory reporting rules. This includes guidance on privacy, confidentiality, and privilege related to disclosures of sexual abuse, as well as any limits to confidentiality under applicable

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 2, section C. 2., states, "Robert L. Perry Juvenile Justice Center shall inform youth, prior to giving them access, of the extent to which such communications will be monitored and reported in accordance with mandatory reporting laws."

(c) The Robert L. Perry Juvenile Justice Center PAQ affirms that the facility upholds formal agreements with community service providers, ensuring that residents have access to emotional support services related to sexual abuse. These memoranda of understanding facilitate the availability of qualified professionals who can provide guidance, counseling, and assistance, contributing to the well-being and recovery of affected individuals.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 2, section C. 3., states, "Robert L. Perry Juvenile Justice Center shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. The PREA Compliance Manager shall maintain copies of agreements or documentation showing attempts to enter into such agreements."

The facility has established a Memorandum of Understanding with the Rainbow House Regional Children's Advocacy Center (CAC) in adherence to the Multidisciplinary (MDT) Protocols and Interagency Agreement. This collaboration reinforces a unified approach to child welfare, ensuring that investigative practices are conducted with efficiency, effectiveness, and a trauma-informed perspective.

As outlined in Page One, under the section titled Mission, the MDT approach prioritizes best practices that continuously evolve, fostering coordination among all involved agencies to administer child-friendly and trauma-aware investigative methods. The initiative is dedicated to achieving proper adjudication, prosecution, treatment, and prevention of child abuse.

Furthermore, the protocols uphold the Child First doctrine, emphasizing the healing and protection of children and families from the lasting impact of trauma and chronic stress. This doctrine encourages the development of nurturing caregiver-child relationships, strengthens adult capacity, and ensures families are connected to essential services.

The Auditor phoned the Rainbow House Regional Child Advocacy Center at 573.474.6600.

(d) Legal and Parental Access The Robert L. Perry Juvenile Justice Center ensures that all residents have reasonable and confidential access to their attorneys or other legal representatives, allowing them to address legal matters privately and effectively. Additionally, the facility provides residents with reasonable access to their parents or legal guardians, fostering essential communication and support.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, page 2, section C. 4., states, "Robert L. Perry Juvenile Justice Center shall provide youth with

	<p>reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Reporting, not dated 3. Agency web address for Third Party Reporting: https://www.courts.mo.gov/hosted/circuit13/court/offices/jjcgeneral.htm #JJCMission <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Targeted residents NA 3. Random staff 4. Supervisory staff <p>Residents and staff interviewed exhibited a clear understanding of third-party reporting protocols, demonstrating their ability to report concerns by informing a Court Counselor, reaching out to a family member, or utilizing the designated hotline or the Child Advocacy Center.</p> <p>(a) Robert L. Perry Juvenile Justice Center PAQ The Robert L. Perry Juvenile Justice Center has established a system that allows third parties to report instances of resident sexual abuse or sexual harassment. To ensure accessibility and transparency, the agency actively disseminates information on how to report such incidents on behalf of residents, reinforcing its commitment to safety and accountability.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, page 1, section B, states, “Robert L. Perry Juvenile Justice Center shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute</p>

	<p>publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. This information will be displayed on the internet page.”</p> <p>The facility provided a Preventing Sexual Assault Brochure. Page 2 of the brochure has a contact: Hotline Number: 1.800.392.3738. The Auditor telephoned the hotline number at 1.800.392.3738.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Procedures for Delivery and Review of Health Care Services, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Random Staff 4. Supervisors 5. Detention Superintendent/PREA Coordinator <p>Interviews with staff and residents confirmed that everyone actively practices and understands the importance of immediately reporting all allegations of sexual abuse and sexual harassment. The Detention Superintendent/PREA Coordinator emphasized that all reports and allegations are thoroughly documented within the agency’s database, ensuring transparency and accountability in the reporting process.</p> <p>Site Observations:</p> <p>This facility has maintained a record free of any allegations of sexual harassment or abuse. Following a thorough tour, which included observing numerous visual postings, reviewing addressed envelopes, engaging with both residents and staff,</p>

and examining the exceptional documentation submitted during the pre-audit phase, the Auditor commends the facility for its diligent commitment to PREA implementation and strict adherence to standard requirements.

Provisions:

(a) Reporting Responsibilities at the Robert L. Perry Juvenile Justice Center

The agency mandates that all staff report immediately and in accordance with agency policy any:

Knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment occurring in a facility, whether or not it is part of the agency.

Retaliation against residents or staff who have reported such an incident.

Staff neglect or violation of responsibilities that may have contributed to an incident of abuse, harassment, or retaliation.

By enforcing these reporting standards, the agency upholds its commitment to safety, accountability, and the well-being of all individuals within its care.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section A., states, "Robert L. Perry Juvenile Justice Center shall require all employees to respond and report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."

(b) Compliance with Mandatory Child Abuse Reporting Laws The Robert L. Perry Juvenile Justice Center is committed to ensuring the safety and well-being of all youth under its care. As part of this commitment, the agency requires all staff members to fully comply with any applicable mandatory child abuse reporting laws. Staff are expected to remain vigilant in identifying signs of abuse or neglect and to report any suspicions in accordance with local, state, and federal regulations.

To uphold this responsibility, the agency provides regular training and resources to help employees understand their legal obligations and the appropriate procedures for reporting concerns. Failure to adhere to these reporting requirements may result in disciplinary action.

By enforcing strict compliance with child abuse reporting laws, the Robert L. Perry Juvenile Justice Center aims to protect vulnerable youth and maintain a safe, supportive environment for rehabilitation and growth.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section B., states, "Robert L. Perry Juvenile Justice Center shall require all employees and external service providers to comply with

mandatory child abuse reporting laws in Section 210.115 RSMO.”

(c) Confidentiality Policy for Sexual Abuse Reports At the Robert L. Perry Juvenile Justice Center, we uphold strict confidentiality protocols concerning reports of sexual abuse. Apart from necessary disclosures to designated supervisors, officials, and authorized State or local service agencies, staff are strictly prohibited from sharing any related information. Disclosure is limited solely to the extent required for treatment, investigation, security, and management decisions. This policy ensures the integrity of investigations, protects individuals involved, and maintains a secure and supportive environment within our facility.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section A. 1., states, “Staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, in order to make treatment, investigation, and other security and management. Staff shall abide by confidentiality pursuant to 211.321 RSMo.”

(d) Official Response Following a Youth Report Section E: Coordinated Action Plan for Responding to Sexual Abuse Incidents

To ensure a comprehensive and effective response to incidents of sexual abuse, the Robert L. Perry Juvenile Justice Center establishes the following coordinated action plan:

Immediate Response

Employee first responders should assess the situation and ensure the safety of the youth involved.

Emergency medical personnel shall be contacted if immediate medical attention is required.

The youth shall be provided with access to mental health support as needed.

Medical and Mental Health Intervention

Qualified medical staff shall conduct an assessment to document and address any physical injuries.

Mental health practitioners offer counseling and crisis intervention services.

Ongoing psychological support shall be arranged to address trauma-related concerns.

Investigation and Documentation

Facility investigators shall gather relevant evidence and conduct interviews with involved parties.

All reports shall be documented according to regulatory requirements to ensure

	<p>transparency and accountability.</p> <p>Leadership Coordination and Oversight</p> <p>Facility leadership shall oversee the response efforts to ensure adherence to policies and regulations.</p> <p>Leaders shall facilitate communication between departments and ensure proper follow-up actions.</p> <p>Any required external reporting shall be completed in accordance with legal and organizational standards.</p> <p>By implementing this structured approach, the facility maintains a clear and efficient protocol to safeguard youth and uphold professional standards in responding to incidents of sexual abuse.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Procedures for Delivery and Review of Health Care Services, page 1, section B. 1., states, "Initial Health/Dental Screening – health care services including physical examination and general dental screening are provided through the Family Health Care Center. Medical staff inform resident of their duty to report and the limits of their confidentiality."</p> <p>(e) Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section D., states, "Upon receipt of any allegation of sexual abuse, the Superintendent will report the allegation to the appropriately identified investigative agency. The Superintendent shall also contact the resident's parents, attorney, and/or legal guardians within three working days of receipt of the information."</p> <p>(f) Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section A. 1., states, "The Robert L. Perry Juvenile Justice Center shall refer all allegations of sexual abuse and sexual harassment (including third-party and anonymous) to the appropriate investigative agencies and facility investigators based upon the victim's age. The external investigating agencies are aware of the PREA requirements."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>Interviews with the Detention Superintendent and PREA Coordinator demonstrated that facility staff respond promptly and appropriately upon discovering an incident.</p> <p>Site Observation:</p> <p>The facility did not have any investigations in the past 12 months.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ outlines that whenever the agency or facility becomes aware of a resident facing a substantial risk of imminent sexual abuse, immediate action is taken to ensure their protection. Over the past 12 months, the facility reports that no residents were identified as being at substantial risk of imminent sexual abuse."</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section C., states, "When Robert L. Perry Juvenile Justice Center learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, not dated

Interviews:

1. Detention Superintendent

During the interview, the Detention Superintendent demonstrated a clear understanding of her responsibility to notify the head of another facility upon receiving an allegation that a resident was sexually abused while confined there. She confirmed that no such instances had occurred in the past 12 months.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ outlines a policy that mandates immediate action upon receiving an allegation that a resident was sexually abused while confined at another facility. According to agency guidelines, the facility head is required to notify both the head of the facility or appropriate office where the alleged abuse occurred and the relevant investigative agency. Over the past 12 months, there have been no reported allegations of residents experiencing abuse while in confinement at another facility.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section F., states, "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA Compliance Manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from the receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager. If the allegations of sexual abuse are received from other agencies or facilities, the PREA Compliance Manager will notify appropriate reporting office of the allegations for investigative purposes."

(b) The Robert L. Perry Juvenile Justice Center PAQ outlines agency policy requiring the facility head to provide notification as promptly as possible, ensuring it is done within 72 hours of receiving the allegation. Compliance with this policy is detailed in provision (a) of this standard.

(c) Compliance Documentation and Verification The Robert L. Perry Juvenile Justice Center ensures that all notifications related to allegations are documented within the required 72-hour time frame. This documentation serves as verification of compliance with facility standards and aligns with the procedural requirements outlined in provision (a). Facility leadership conducts regular audits to confirm adherence to this policy and maintains records for accountability and review.

(d) Facility Compliance and Allegation Review The Robert L. Perry Juvenile Justice Center PAQ establishes that facility policy mandates all allegations received from external agencies or facilities be investigated in accordance with PREA standards. Over the past 12 months, the facility has not received any allegations of sexual abuse from other institutions. Compliance with this policy is documented in provision (a) of this standard.

Conclusion:

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

	documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, not dated 3. Coordinated Response – First Responder Protocols for Sexual Abuse, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff 2. Supervisors <p>Interviews conducted with both random and supervisory staff demonstrated a clear awareness of their first responder responsibilities.</p> <p>Site Observation:</p> <p>This facility has maintained a record free from any reports of sexual harassment or sexual abuse throughout its entire history. We are committed to fostering a safe and respectful environment for all individuals and will continue to uphold the highest standards of integrity and accountability.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ outlines the facility's first responder policy for allegations of sexual abuse. This policy mandates that, upon receiving a report of sexual abuse involving a resident, the first security staff member to respond must:</p> <p>Separate the individuals involved.</p> <p>Preserve and protect the scene to ensure the integrity of physical evidence.</p> <p>Collect physical evidence as appropriate.</p> <p>Request that the alleged victim refrain from actions that could compromise physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>If the abuse occurred within a time frame that allows for the collection of physical</p>

evidence, the first responder must also ensure that the alleged abuser avoids actions that could destroy evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Over the past 12 months, there have been zero reported allegations of sexual abuse involving residents. Additionally, there have been no instances where staff were notified outside the time frame required for evidence collection.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section E., states, "Coordinated response—PREA Standard 115.364 and PREA Standard 115.365. Robert L. Perry Juvenile Justice Center manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse."

The facility provided a Coordinated Response – First Responder Protocols for Sexual Abuse. The following is the facilities coordinated response.

First Responder, Abuse in Progress: Upon discovering abuse of a youth in progress by either another youth or staff, or being alerted to abuse immediately following the incident:

1. Separate the victim and abuser
2. Use crisis intervention techniques as necessary to ensure safety
3. Separate witnesses
4. Do not allow the victim or abuser to shower, wash, use the toilet, change clothes, eat or drink, brush his/her teeth, or rinse his or her mouth
5. Attempt to preserve any bedding, clothing, towels or other items that could potentially be used as evidence.
6. Contact law enforcement
7. Contact Child Abuse and Neglect Hotline for youth under age 18
8. Contact immediate supervisor. If the immediate supervisor is the abuser, notify the next level supervisor
9. Provide emergency medical assistance, if necessary.
10. Take victim to a local medical provider for an examination.
11. Observe the scene where the abuse was discovered, documenting the following:
12. Is anything out of place?
13. Are there any objects of note such as clothes?
14. Are there suspicious items on the floor?
15. Are there any obviously missing objects?
16. Are there puddles or stains?
17. What time is it?
18. Are the lights on
19. Who is present in the area?
20. Assess and process the incident and situation
21. Document the incident using the Critical Incident Reporting System

First Responder, Recent Abuse: Upon receiving a report from a youth that he/she has been the victim of abuse in the last 72 hours:

	<ol style="list-style-type: none"> 1. Separate the alleged victim and the alleged abuser 2. Assess and process the incident and situation 3. If either have not already done so, discourage the alleged victim and the alleged abuser from washing, showering, using the toilet, eating or drinking, brushing his/her teeth or rinsing his/her mouth. 4. Attempt to preserve any bedding, clothing, towels or other items that could potentially be used as evidence. 5. Contact Child Abuse and Neglect Hotline for youth under age 18. 6. Contact immediate supervisor. If the immediate supervisor is the abuser, notify the next level supervisor 7. Take the victim to a local medical provider for examination 8. Document the incident using the Critical Incident Reporting System <p>(b) The Robert L. Perry Juvenile Justice Center PAQ outlines the facility's policy regarding first responders to alleged incidents. Specifically, if the initial responder is not a security staff member, they are required to instruct the alleged victim to refrain from any actions that could compromise physical evidence and immediately notify security personnel. In the past 12 months, there have been no reported instances of sexual abuse where a non-security staff member was the first responder. Compliance with this policy is documented under provision (a) of this standard.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section E. a-b., state, "</p> <ol style="list-style-type: none"> a. "Staff are considered non-security first responders and should encourage alleged victim not to take any actions that could destroy physical evidence. b. Staff should follow the Coordinated Response to contact and notify non-agency security staff." <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, not dated

3. Coordinated Response – First Responder Protocols for Sexual Abuse, not dated
4. First Responder Protocols for Sexual Abuse, not dated

Interviews:

1. Random Staff
2. Detention Superintendent/PREA Coordinator

Interviews with the Detention Superintendent/PREA Coordinator, and random staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.

Site Observation:

The institutional plan presents a well-defined strategy that equips staff with the knowledge and direction necessary to carry out first responder duties effectively. Continuous refinement and engagement with evolving best practices will help maintain its relevance and impact.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center has established a comprehensive written institutional plan to ensure a coordinated response to incidents of sexual abuse. This plan outlines the roles and responsibilities of staff first responders, medical and mental health practitioners, investigators, and facility leadership. By defining clear protocols, the facility aims to foster swift and effective intervention, prioritizing the safety and well-being of all individuals involved.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section E., states, “Coordinated response—PREA Standard 115.364 and PREA Standard 115.365. Robert L. Perry Juvenile Justice Center manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.”

The facility provided Coordinated Response to Reports of Sexual Abuse (Institutional Plan). The plan is laid out in three columns. The first column designates responsible staff. The second column designates time frames for duties and the third column speaks to individual responsibilities for each staff in the first column.

The facility provided a First Responder Protocols for Sexual Abuse flow chart. This flow is a visual for staff to ensure designated instruction is followed depending on when the abuse occurred within the last 72 hours; if the youth is 18 or older and or did the staff intervene when the abuse was occurring.

Conclusion:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. Robert L. Perry Juvenile Justice Center PAQ</p> <p>Interview:</p> <p>1. Detention Superintendent/PREA Coordinator</p> <p>Through interviews with the Detention Superintendent and PREA (Prison Rape Elimination Act) Coordinator, it was determined that the facility has not entered into collective bargaining agreements. Both officials confirmed that employee relations, compensation, and workplace policies are established in accordance with internal regulations and applicable laws without external negotiations through labor unions or formalized collective bargaining entities.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center Pre-Audit Questionnaire (PAQ) confirms that the agency has not entered or renewed any collective bargaining agreements since the last PREA audit.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Robert L. Perry Juvenile Justice Center PAQ
2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, not dated

Interviews:

1. PREA Support Person
2. Human Services Coordinator
3. Detention Superintendent/PREA Coordinator

Interviews with PREA Support Persons and Compliance Managers confirmed their commitment to completing all retaliation monitoring and documentation in TROI, the agency's database. The Human Services Coordinator further stated that retaliation-related notes would be recorded in resident mental health case files to ensure thorough documentation and oversight.

Site Observation:

Over the past 12 months, there has been no indication of a need for retaliation monitoring.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center's PAQ affirms the agency's commitment to safeguarding all residents and staff who report sexual abuse or harassment or assist in related investigations. The agency strictly prohibits any form of retaliation by residents or staff. To ensure adherence to this policy, the facility designates the PREA Compliance Manager to oversee, monitor, and report any instances of retaliation.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section C., states, "When Robert L. Perry Juvenile Justice Center learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth."

Page 2, section G. 1., states, "Robert L. Perry Juvenile Justice Center provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the Superintendent or designee. In instances where the Superintendent is believed to be involved in the retaliation, the employee shall notify the Court Administrator. Youth shall be protected against retaliation. Prompt action shall be taken to remedy any such retaliation.

(b-e) G.2. Monitoring and Response to Retaliation For a period of 90 calendar days, or longer if deemed necessary, following a report of sexual abuse, the PREA Compliance Manager shall actively monitor the conduct and treatment of all individuals—youth and employees—who were involved in the reported incident. The Compliance Manager must take prompt action to address and remedy any signs of

	<p>retaliation that may arise during this monitoring period.</p> <p>To ensure thorough oversight, the following monitoring steps shall be implemented:</p> <p>Reviewing group dynamics to assess any behavioral or relational changes among youth.</p> <p>Examining log notes to track incidents, interactions, and concerns related to the reported individuals.</p> <p>Conducting periodic status checks with the affected youth to evaluate their well-being and address any emerging concerns.</p> <p>Assessing employee performance through formal reviews and, if necessary, implementing reassignments for staff involved in the initial report or investigation to uphold a safe and impartial environment.</p> <p>The PREA Compliance Manager shall document all findings and actions taken during the monitoring period and make necessary adjustments based on ongoing assessments.</p> <p>(f) Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Placement of Youth, not dated <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>Interview Findings with Program Management Staff Discussions with program management staff revealed that each cell is designated as a single-use unit. As a result, cells are not utilized for protective custody purposes. This approach ensures</p>

	<p>individualized housing arrangements, aligning with facility protocols and operational guidelines.</p> <p>Site Observation:</p> <p>Each cell is designed as a single unit, complete with a toilet and sink for individual use.</p> <p>(a) The Robert L. Perry Juvenile Justice Center's PAQ outlines a facility policy ensuring that residents who report experiencing sexual abuse are placed in isolation only as a last resort. This measure is taken only if less restrictive alternatives are insufficient to maintain the safety of both the individual and other residents and remains in effect only until a viable alternative can be established. The policy guarantees that any resident placed in isolation under these circumstances will still have access to all legally required educational programming, special education services, and daily large-muscle exercise. Over the past 12 months, there have been no instances where a resident alleging sexual abuse was placed in isolation.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Official Response Following a Youth Report, page 1, section B., states, "Youth shall only be isolated or separated as a last resort, and upon approval by the Superintendent, when less restrictive measures are inadequate to keep residents safe. Lesbian, gay, bisexual, transgender, or intersex youth shall not be isolated or separated solely on the basis of such identification or status. Residents in isolation shall still be afforded all medical, mental health, education, and programming opportunities available."</p> <p>Section D., states, "Upon a resident being isolated, the Superintendent or his designee shall document the basis for concern regarding the resident's safety and why no alternative means of separation can be arranged. Robert L. Perry Juvenile Justice Center will review treatment needs, including placement decisions and a youth's risk for sexual victimization and abusiveness. Every 30 days that a resident remains in isolation status; the Superintendent shall review the decision to continue isolation."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Robert L. Perry Juvenile Justice Center PAQ
2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, not dated
3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Investigations, not dated

Interview:

1. Detention Superintendent

During the interview with the Detention Superintendent, it was demonstrated that investigations concerning incidents or allegations within the facility are conducted by the Missouri Children's Division Out of Home Investigation Unit or, when necessary, by local law enforcement agencies. The Superintendent outlined the investigative process, emphasizing commitment to ensuring thorough and impartial examinations of each case.

The Missouri Children's Division Out of Home Investigation Unit plays a crucial role in addressing concerns related to the care and welfare of juveniles in detention settings. Their specialized team is responsible for assessing claims, collecting relevant information, and determining appropriate actions based on their findings.

In cases where law enforcement intervention is required, local authorities are engaged to provide additional investigative support, ensuring legal compliance and addressing any criminal elements that may arise. The collaboration between these investigative bodies reinforces accountability and promotes the safety and well-being of all individuals under the facility's supervision.

Site Observation:

There have been no investigations at the facility within the past 12 months.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency/facility maintains a policy governing both criminal and administrative investigations. This policy ensures compliance with legal standards, promotes transparency, and establishes procedures for handling investigations in a manner that upholds due process and accountability.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section

A.1. a-c., state: "The Robert L. Perry Juvenile Justice Center shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. The external investigating agencies are aware of the PREA requirements.

a. Upon staff becoming aware of an incident (receiving either a written or verbal grievance) of either sexual abuse or sexual harassment, they should notify the

Superintendent or designee (immediately in cases that involve physical contact).

b. The Superintendent or designee shall determine whether the incident shall be investigated internally or referred to an external investigative authority.

c. Staff aware of the incident shall document the information on an Incident Report form and provide to the Superintendent or his designee.”

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

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

(d) The Robert L. Perry Juvenile Justice Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Investigations, page 1, section A. 1. States “Staff shall request the agency not terminate an investigation solely because the victim recants the allegation.”

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

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

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

Missouri Department of Social Services Memo, RE: PREA 115.32, from the Statewide PREA Coordinator, states, “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. As there was a recent change in the individual who supervises the CD-OHI, a meeting was held with the new supervisor to discuss PREA.”

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

(I) According to the Robert L. Perry Juvenile Justice Center PAQ, law enforcement is responsible for referring cases for criminal investigation. Since the last audit date, there have been zero sustained allegations of conduct that appeared to be criminal and required referral for prosecution.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 2, section B., states, “Policies to ensure referrals of allegations for investigations—PREA Standard--Robert L. Perry Juvenile Justice

	<p>Center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.”</p> <p>(j) The Robert L. Perry Juvenile Justice Center PAQ establishes that the agency maintains all written reports related to administrative or criminal investigations of alleged sexual abuse or sexual harassment. These records are retained for the duration of the alleged abuser’s incarceration or employment with the agency, plus an additional five years.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Investigations, page 1, section 3., states, “Robert L. Perry Juvenile Justice Center will retain all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is employed by the agency, plus five years.”</p> <p>(k) This standard is not applicable as the facility or agency do not conduct administrative or criminal investigations.</p> <p>(m) Responsive Planning and Investigations—Section 2 When outside agencies conduct investigations into sexual abuse or sexual harassment incidents, the Robert L. Perry Juvenile Justice Center shall fully cooperate with investigators and make efforts to stay informed about the progress of the investigation.</p> <p>To support any resident who has experienced sexual abuse, the center shall provide access to a forensic medical examination at no financial cost to the victim. A list of Sexual Assault Forensic Exam (SAFE) and Comprehensive Assessment and Recovery Evaluation (CARE) providers is available, ensuring examinations are conducted without charge as outlined in the SAFE Payment Program website.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <p>1. Robert L. Perry Juvenile Justice Center PAQ</p> <p>Interview:</p> <p>1. Detention Superintendent/PREA Coordinator</p>

	<p>Prevision:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ states the agency does not conduct investigations.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>Interviews with the Detention Superintendent/PREA Coordinator confirmed that notification requirements for victims were provided verbally and documented in TROI, the agency's database.</p> <p>Previsions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ outlines that the agency maintains a policy ensuring that any resident who alleges sexual abuse within an agency facility is informed—either verbally or in writing—of the outcome of the investigation. This includes whether the allegation has been substantiated, unsubstantiated, or unfounded. Over the past 12 months, there have been no criminal or administrative investigations conducted, and consequently, no residents were notified of any outcomes.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section 3., states, “Robert L. Perry Juvenile Justice Center will retain all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is employed by the agency, plus five years.”</p> <p>(b) The Robert L. Perry Juvenile Justice Center PAQ outlines that, in cases where an</p>

external entity conducts investigations, the agency proactively requests relevant information from the investigative body to ensure residents are informed about the outcome. Over the past 12 months, there have been no investigations into alleged resident sexual abuse.

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

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

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section B. 2., states, "Following a youth's allegation that an employee member has committed sexual abuse against the youth, the Superintendent shall subsequently inform the youth (unless the allegation was determined to be unfounded) whenever:

- a. The employee is no longer assigned to supervise the youth;
- b. The employee is no longer employed at the facility;
- c. Robert L. Perry Juvenile Justice Center learns that the employee has been charged with a law violation related to a sexual abuse incident within the facility;
- d. Robert L. Perry Juvenile Justice Center learns that the employee has been convicted of a law violation related to a sexual abuse incident within the facility."

(d) The Robert L. Perry Juvenile Justice Center PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning and Investigations, page 1, section

B. 1., states, "Following an investigation into a youth's allegation of sexual abuse suffered in detention, the Superintendent shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was completed by an outside agency, Robert L. Perry Juvenile Justice Center staff shall request information in order to inform the resident."

(e) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency maintains a policy requiring all notifications to residents, as outlined in this standard, to be properly documented. Over the past 12 months, there have been no notifications issued to any resident in accordance with this standard.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Responsive Planning

	<p>and Investigations, page 1, section B. 4., states, "The Superintendent will complete the PREA Violation Notification Checklist at the conclusion of the investigation. The PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes."</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Personnel Management, not dated <p>Interview:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>"Interviews conducted, over the past 12 months indicate that no staff members at the facility have been disciplined for violating agency policies on sexual abuse or sexual harassment.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ outlines strict policies regarding sexual abuse and sexual harassment. Staff members are held to the highest standards of professional conduct and are subject to disciplinary sanctions, up to and including termination, for any violations of these agency policies. This framework underscores the organization's commitment to maintaining a safe and respectful environment for all individuals.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, page 1, section A., states, "Robert L. Perry Juvenile Justice Center employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy. These actions</p>

may be reported to law enforcement agencies, unless the activity was clearly not criminal.”

(b) According to the PAQ report for the Robert L. Perry Juvenile Justice Center, there have been no instances in the past 12 months of staff violating agency policies related to sexual abuse or sexual harassment. This demonstrates the facility’s commitment to maintaining a safe and respectful environment for all individuals within its care.

(c) The Robert L. Perry Juvenile Justice Center PAQ outlines those disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment excluding direct engagement in sexual abuse—are determined based on the nature and circumstances of the act, the staff member’s disciplinary history, and the sanctions applied to comparable offenses by other staff with similar records. Over the past 12 months, no staff members have required disciplinary action for sexual abuse or sexual harassment.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, page 1, section I. A., states, “Robert L. Perry Juvenile Justice Center employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy. These actions may be reported to law enforcement agencies, unless the activity was clearly not criminal. The disciplinary sanctions shall be commensurate with the nature and circumstance of the acts committed, the staff’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

(d) The Robert L. Perry Juvenile Justice Center PAQ outlines that any terminations resulting from violations of agency sexual abuse or sexual harassment policies, as well as resignations by staff who would have been terminated had they not resigned, are reported to law enforcement agencies—except in cases where the activity was clearly not criminal. Additionally, such cases are reported to any relevant licensing bodies. Over the past 12 months, there have been zero staff terminations related to sexual abuse or harassment.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Personnel Management, page 2, section 3., states, “Staff members who have engaged in inappropriate contact with any juvenile shall be reported to appropriate authorities and any relevant licensing bodies and shall be subject to disciplinary action up to and including dismissal.”

Conclusion:

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

115.377	Corrective action for contractors and volunteers
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 1410 499" style="list-style-type: none"> <li data-bbox="280 383 916 416">1. Robert L. Perry Juvenile Justice Center PAQ <li data-bbox="280 423 1410 499">2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, not dated <p data-bbox="280 539 421 573">Interview:</p> <ol data-bbox="280 580 943 613" style="list-style-type: none"> <li data-bbox="280 580 943 613">1. Detention Superintendent/PREA Coordinator <p data-bbox="280 654 1477 770">During the last audit cycle, interviews confirmed that the facility had no records of volunteers or contractors being subjected to disciplinary action for violations related to sexual abuse or sexual harassment policies.</p> <p data-bbox="280 810 432 844">Provisions:</p> <p data-bbox="280 884 1477 1167">(a) The Robert L. Perry Juvenile Justice Center PAQ outlines strict agency policies regarding sexual abuse. It mandates that any contractor or volunteer found to have engaged in sexual abuse must be reported to law enforcement agencies—unless the activity is clearly non-criminal—and to relevant licensing bodies. Additionally, such individuals are prohibited from having any contact with residents. Over the past 12 months, there have been no instances of contractors or volunteers being reported to law enforcement or licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="280 1207 1442 1402">Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, page 1, section B. 1., states, “Robert L. Perry Juvenile Justice Center shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer.”</p> <p data-bbox="280 1413 1469 1570">Section B. 2, states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p data-bbox="280 1610 1477 1850">(b) Remedial Measures for Policy Violations: The Robert L. Perry Juvenile Justice Center's PAQ outlines the facility's commitment to enforcing strict remedial actions when addressing violations of agency sexual abuse or sexual harassment policies by contractors or volunteers. In such cases, the facility carefully considers whether to prohibit further contact with residents and ensures appropriate corrective measures are taken.</p> <p data-bbox="280 1890 1458 2085">While the facility has not encountered an incident involving a contractor or volunteer engaging in sexual abuse or harassment, established remedial actions include immediate removal from the premises, restriction or termination of access, and, if necessary, dismissal from any affiliation with the facility. Any such violations would result in termination of the contractor involved or volunteer to uphold safety</p>

	<p>and policy compliance. Further details regarding policy adherence can be found in provision (a) of this standard.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, not dated 3. Robert L. Perry Juvenile Justice Center Policies and Procedures, Placement of Youth, not dated <p>Interview:</p> <ol style="list-style-type: none"> 1. Sexual Abuse Incident Team member/Detention Superintendent <p>During a recent interview, the Detention Superintendent provided insight into the facility's approach to handling false allegations under the Prison Rape Elimination Act (PREA). While emphasizing the importance of protecting legitimate claims and ensuring a safe environment for all residents, the Superintendent also made it clear that individuals who deliberately submit false reports with malicious intent will face appropriate disciplinary measures when evidence supports such action.</p> <p>The Superintendent highlighted the facility's commitment to a fair and thorough investigative process, ensuring that every PREA allegation is examined seriously while maintaining accountability for those who misuse the system. According to the Superintendent, misleading claims not only undermine the integrity of legitimate reports but also strain resources and divert attention from real victims who need support.</p> <p>Facility policies align with established guidelines to safeguard due process, ensuring that consequences are applied fairly. The Superintendent reinforced that the primary goal remains fostering a culture of trust and safety, where credible concerns are addressed while deterring deceptive practices.</p> <p>(a/c) The Robert L. Perry Juvenile Justice Center PAQ outlines that residents may face</p>

disciplinary sanctions solely through a formal disciplinary process. This applies only after an administrative determination of resident-on-resident sexual abuse or a criminal finding of guilt for such incidents. Over the past 12 months, the facility has reported zero administrative findings, and no criminal convictions related to resident-on-resident sexual abuse."

Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, page 1, section A. 1-7, states, "Youth found to have sexually harmed others shall be offered counseling or other interventions designed to address and correct the underlining reasons for their conduct. A resident may be subject to disciplinary sanctions as determined by the Superintendent. Superintendent may refer resident to Juvenile Office for formal Court action.

1. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.
2. In the event a disciplinary sanction results in isolation of the resident, the resident will continue to have daily access to large muscle exercise, educational programming (including special education services), medical visits, and mental health visits.
3. Residents may participate in other programming to the extent possible.
4. Resident mental health records will be reviewed when determining discipline or sanctions.
5. Resident shall only be disciplined for sexual contact with staff upon a finding that staff member did not consent to such contact.
6. Residents shall not be disciplined if there is a finding that a report of sexual abuse was made in good faith and upon a reasonable belief, even if an investigation does not establish sufficient evidence to make a finding.
7. All sexual activity between residents is prohibited. As such, residents may be disciplined for a finding that sexual activity occurred. "

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

(d) The Robert L. Perry Juvenile Justice Center PAQ outlines that the facility provides therapy, counseling, and other interventions aimed at addressing the root causes and motivations behind abusive behavior. While these interventions are available, the facility does not impose participation as a requirement for access to rewards-based behavior management systems or other behavior-driven incentives. Additionally, access to general programming and education remains independent of

	<p>participation in such interventions.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Discipline, page 1, section C., states “Youth found to have sexually harmed others shall be offered counseling or other interventions designed to address and correct the underlining reasons for their conduct. A resident may be subject to disciplinary sanctions as determined by the Superintendent.”</p> <p>(e) The Robert L. Perry Juvenile Justice Center PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p>(f) The Robert L. Perry Juvenile Justice Center PAQ emphasizes the agency's commitment to protecting individuals who report sexual abuse in good faith. It explicitly prohibits any disciplinary action against those who make such reports based on a reasonable belief that the alleged conduct occurred, even if subsequent investigations fail to substantiate the allegations.</p> <p>(g) The Robert L. Perry Juvenile Justice Center's Policy and Accreditation Questionnaire (PAQ) explicitly states that the agency strictly prohibits any form of sexual activity between residents.</p> <p>Policy compliance is outlined in provision (a) of this standard, ensuring adherence to the established guidelines and requirements.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, not dated 3. Missouri Department of Social Services, Division of Medical Services Healthy Children and Youth Screening Guide, not dated 4. Medical Staff Training Document, dated 5. Robert L. Perry Juvenile Justice Center 14 Day Mental Health Tracker, not dated

Informal Interview:

During an informal interview, the Mental Health Contractor explained the process for handling disclosure reports. They confirmed that all disclosure reports are promptly communicated to the mental health staff. Additionally, follow-up medical and/or mental health appointments are scheduled for every intake, regardless of whether a disclosure is made.

The contractor shared that a few clients had disclosed experiences of sexual abuse, either at home or within the community. In such cases, the mental health staff informed the clients that they are mandated reporters and would be notifying the Department of Social Services (DSS). The staff also notified the on-duty supervisor about the abuse and their intention to contact DSS.

The DSS contact number is visibly posted in the medical room for accessibility. After notifying DSS, the mental health staff followed up with an in-person interview when the social worker arrived at the facility.

Site Observation:

The resident file review confirms that 14-day mental health disclosure referrals and follow-up appointments are being appropriately documented.

Provisions:

(a) The Robert L. Perry Juvenile Justice Center PAQ ensures that all residents who disclose prior sexual victimization during intake screenings, as required by §115.341, are offered a follow-up meeting with a medical or mental health practitioner. These follow-up meetings are provided within 14 days of the initial screening.

Over the past 12 months, 25% of residents disclosed previous victimization during their intake screening. Medical and mental health staff maintain comprehensive documentation to verify compliance with these mandated services, ensuring that all affected residents receive the necessary support and care.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section A. 1., states, "If the screening completed at admission indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Robert L. Perry Juvenile Justice Center employees shall ensure that the youth is offered a follow-up meeting with a medical (nursing staff) or mental health practitioner (BBH or psychiatric fellow) within 14 days of the admission process."

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section A. 2., states, "If the screening completed at admission indicated that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, Robert L. Perry Juvenile Justice Center employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner (BBH or psychiatric fellow) within 14 days of the

admission process.”

The facility has provided the Missouri Department of Social Services, Division of Medical Services, with Healthy Children and Youth Screening Guides. These individual guides are tailored to specific age groups—10-11, 12-13, 14-15, and 16-17—and are utilized to document referrals for both medical and mental health purposes.

(b) Follow-Up Mental Health Support for Residents The Robert L. Perry Juvenile Justice Center PAQ ensures that all residents who have previously perpetrated sexual abuse, as identified during the screening process pursuant to § 115.341, are provided the opportunity to meet with a mental health practitioner. Additionally, all residents—regardless of their history—are offered a follow-up mental health meeting within 14 days of their intake screening. Over the past 12 months, 100% of residents disclosed prior perpetration of sexual abuse during the screening process, demonstrating full adherence to this policy. Compliance with this standard aligns with the provisions outlined in section (a).

The facility provided Robert L. Perry Juvenile Justice Center 14 Day Mental Health Tracker. This document tracks the following:

- Resident Name
- SAVAC Score
- Disclosure
- Date of Referral
- Date of Appointment
- Professional’s Name Agency
- Hotline Call

(c) Confidentiality and Information Sharing The Robert L. Perry Juvenile Justice Center PAQ specifies that any information shared with other staff is strictly limited to purposes that support security and management decisions. This includes, but is not limited to, treatment plans, housing assignments, bed placements, work assignments, education, and program participation. Additionally, information may be disclosed as required by federal, state, or local law.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section A. 3., states, “Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law.”

(d) Informed Consent for Reporting Prior Sexual Victimization The Robert L. Perry Juvenile Justice Center PAQ mandates that medical and mental health practitioners obtain informed consent from residents before disclosing information regarding prior sexual victimization that occurred outside an institutional setting. However, if the resident is under the age of 18, practitioners are required to report such information without obtaining prior consent.

	<p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section A. 4., states, “Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, not dated 3. Missouri Department of Social Services, Division of Medical Services Healthy Children and Youth Screening Guide, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random residents 2. Random staff 3. Informal Interview Medical Contractor <p>Informal interview with medical staff state resident victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services if a client were victimized at the facility. The contractor went on to state, fortunate, this detention center has not had an incident reported or occurred on-site.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ ensures that residents who are victims of sexual abuse receive prompt and unrestricted access to emergency medical treatment and crisis intervention services. The extent and nature of these services are determined by qualified medical and mental health practitioners, based</p>

on their professional judgment. Additionally, medical and mental health staff diligently maintain secondary materials related to such incidents, ensuring proper documentation and support.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section B. 1, states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis."

The facility has provided Healthy Children and Youth Screening Guides, developed by the Missouri Department of Social Services, Division of Medical Services. These guides are tailored to specific age groups: 10-11, 12-13, 14-15, and 16-17. They serve as essential tools for documenting both medical and mental health notes.

(b) In the absence of qualified medical or mental health personnel, staff will adhere to the directives outlined in the coordinated response checklist, which includes instructions for contacting mental health practitioners. Compliance with this policy is established in provision (a) of this standard.

(c) Medical Access and Support for Victims The Robert L. Perry Juvenile Justice Center ensures that resident victims of sexual abuse while incarcerated receive timely access to comprehensive medical care and information. This includes emergency contraception and prophylaxis for sexually transmitted infections, administered in accordance with professionally accepted standards of care and medical necessity. Compliance with these provisions is established in accordance with provision (a) of this standard, reinforcing the commitment to the health, dignity, and well-being of affected individuals.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section B. 2, states, "The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff shall take preliminary steps to protect the victim and immediately notify the appropriate medical or mental health practitioners and the Superintendent."

(d) Treatment services at the Robert L. Perry Juvenile Justice Center are provided to all victims at no financial cost. These services are available regardless of whether the victim identifies the abuser or chooses to cooperate with any investigation related to the incident.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section B. 3, states, "Treatment services will be provided to all victims of abuse, regardless of the victim's willingness to name the abuser or cooperate in any subsequent investigation."

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section B. 4, states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether

	<p>the victim names the abuser or cooperates with any subsequent investigation arising out of the incident.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents 2. Random staff 3. Informal Interview Mental Health <p>Interviews conducted with mental health staff, various residents, and other facility staff demonstrated that residents are well-informed about their access to emergency medical and mental health services. Over the past 12 months, there have been no reported instances of sexual abuse among residents.</p> <p>Site Review:</p> <p>Throughout the facility, a variety of resources are available to residents in the multipurpose room, including pamphlets for students and information about sexual abuse community providers.</p> <p>Provisions:</p> <p>(a) Purpose The Robert L. Perry Juvenile Justice Center PAQ is committed to ensuring the safety, well-being, and rehabilitation of all residents. A key aspect of this mission is providing comprehensive medical and mental health evaluations, as well as appropriate treatment, for residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>(b) Medical and Mental Health Services The facility offers thorough medical and</p>

psychological assessments to identify and address any trauma-related concerns. These evaluations are conducted by qualified professionals who specialize in trauma-informed care, ensuring that each resident receives the necessary support tailored to their individual needs.

(c) Treatment and Support Residents who have experienced sexual abuse are provided with appropriate treatment, which may include counseling, therapy, and medical care. The facility emphasizes evidence-based therapeutic interventions to promote healing and resilience, helping individuals navigate their recovery process in a safe and supportive environment.

(d) Confidentiality and Respect All services provided are conducted with strict confidentiality and respect for the dignity of each resident. The facility is dedicated to fostering an environment where individuals feel comfortable seeking help without fear of stigma or retaliation.

(e) Coordination with External Agencies To ensure residents receive the best possible care, the facility collaborates with external medical and mental health agencies as needed. These partnerships strengthen the resources available to residents and help facilitate comprehensive treatment plans that extend beyond their time at the facility.

(f) Commitment to Safety and Prevention Beyond offering treatment, the facility actively works to prevent future incidents of abuse through education, awareness programs, and staff training. By implementing proactive measures, the Robert L. Perry Juvenile Justice Center PAQ upholds its commitment to protecting and supporting the individuals in its care.

(g) According to the Robert L. Perry Juvenile Justice Center PAQ, treatment services are provided to victims at no financial cost. These services are available regardless of whether the victim identifies the abuser or chooses to cooperate with any investigation stemming from the incident.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section B. 4, states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any subsequent investigation arising out of the incident."

(h) The Robert L. Perry Juvenile Justice Center's PAQ outlines that the facility strives to conduct a mental health evaluation for all identified resident-on-resident abusers within 60 days of discovering their history of abuse. When deemed appropriate by mental health professionals, treatment is also offered to support their rehabilitation and well-being.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 2, section C. 1. f, states, "Facility staff shall attempt to conduct a mental health evaluation on resident-on-resident abusers within 60 days of incident being reported. Treatment shall be offered as appropriate."

	<p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Incident Review Team Member/Detention Superintendent 2. PREA Compliance Manager <p>During a recent interview, the Detention Superintendent provided insights into the facility's handling of sexual abuse allegations. The Superintendent emphasized that incident reviews are conducted following each Administrative Investigation to ensure accountability and compliance with established protocols. These reviews aim to identify any systemic issues, improve preventive measures, and enhance the overall safety of detainees. There have been no allegations during the last 12 months.</p> <p>Provisions:</p> <p>(a) The Robert L. Perry Juvenile Justice Center's Pre-Audit Questionnaire (PAQ) affirms that the facility conducts a sexual abuse incident review following the conclusion of any criminal or administrative sexual abuse investigation, except in cases where the allegation has been determined to be unfounded. Over the past 12 months, there have been no criminal or administrative investigations into allegations of sexual abuse completed at the facility.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section A. 1., states, "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using the Critical Incident Review form, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such</p>

review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Superintendent, Programs and Services Coordinator, and Intake and Evaluations Coordinator, with input from investigators, and medical and mental health providers.”

(b) According to the Robert L. Perry Juvenile Justice Center PAQ, sexual abuse incident reviews are typically conducted within 30 days following the conclusion of a criminal or administrative investigation. However, in the past 12 months, no criminal or administrative investigations of alleged sexual abuse were completed at the facility that required a review within the specified timeframe. Compliance with this policy is outlined in provision (a) of this standard.

(c) Review Process and Team Responsibilities The sexual abuse incident review team at The Robert L. Perry Juvenile Justice Center is comprised of upper-level management officials, ensuring oversight and accountability in addressing such incidents. The team also incorporates insights from line supervisors, investigators, and medical or mental health practitioners to provide a comprehensive evaluation of each case. This collaborative approach strengthens policy compliance and reinforces adherence to provision (a) of this standard by thoroughly examining incidents, identifying areas for improvement, and implementing corrective actions as necessary.

(d): Report Preparation and Submission The Robert L. Perry Juvenile Justice Center follows a structured process for compiling findings from sexual abuse incident reviews. The facility prepares a comprehensive report that includes, but is not limited to, determinations made pursuant to paragraphs (d)(1) through (d)(5) of this section. Additionally, the report incorporates any recommendations for improvement aimed at enhancing the facility’s prevention, response, and oversight practices. This report is then submitted to both the facility head and the PREA compliance manager to ensure appropriate review and implementation of suggested measures.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Medical and Mental Care, page 1, section A. 2. a-g, states, “The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. 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;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to

	<p>supplement supervision by staff;</p> <p>f. Prepare a report of its finding using the Critical Incident Review form; and</p> <p>g. Implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>(e) Implementation of Recommendations: The Robert L. Perry Juvenile Justice Center adheres to the recommendations for improvement outlined in the PAQ. When recommendations are not implemented, the facility provides documented justification explaining its reasoning. Compliance with this policy is detailed in provision (d) of this standard.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, not dated 3. Missouri Department of Social Services Data Collection Instrument, not dated 4. Data Collection – OSCA – PREA Data, dated 2023 <p>Provisions:</p> <p>(a/c) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency collects precise and standardized data for every reported allegation of sexual abuse within facilities under its direct supervision. This data is gathered using a uniform instrument and predefined definitions to ensure consistency and accuracy. At a minimum, the standardized instrument incorporates all necessary information to address every question from the most recent iteration of the Department of Justice’s Survey of Sexual Violence (SSV).</p> <p>The facility furnished the Missouri Department of Social Services Data Collection Instrument, a mandatory tool designed to ensure comprehensive reporting. This instrument requires all state agencies to systematically collect data for every allegation of sexual abuse occurring at facilities under their direct control.</p>

(b) Data Aggregation and Analysis The Robert L. Perry Juvenile Justice Center's PAQ states that the agency systematically collects and aggregates incident-based sexual abuse data at least once per year. This process ensures a comprehensive review of trends, frequency, and responses to such incidents, allowing for informed policy adjustments and enhanced prevention strategies.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section B. 1., states, "Robert L. Perry Juvenile Justice Center shall collect and aggregate incident-based sexual abuse data from Robert L. Perry Juvenile Justice Center at least annually."

(d) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency systematically maintains, reviews, and collects relevant data as required from all available incident-based documents. This includes comprehensive reports, investigation files, and sexual abuse incident reviews, ensuring thorough documentation and analysis for accountability and procedural improvement.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section B. 3., states, "Robert L. Perry Juvenile Justice Center shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking corrective action as necessary."

The facility provided a Data Collection – OSCA – PREA Data for September of 2024. The data answers questions regarding the following:

1. Facility Information
2. Youth on Youth Incidents Section
3. Staff Incidents Section
4. Total allegations, for Substantiated, Unsubstantiated, Unfounded, and Investigative ongoing
5. Total incidents for 2024 was zero

(e) Contractual Confinement Policy The Robert L. Perry Juvenile Justice Center PAQ explicitly affirms that the agency does not engage in contractual agreements for the confinement of residents. All confinement practices and procedures are conducted within the jurisdiction and authority of the center, ensuring adherence to established policies and regulations.

(f) The Robert L. Perry Juvenile Justice Center PAQ indicates that the Department of Justice has formally requested agency data pertaining to the year 2024.

Conclusion:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, not dated 3. OSCA – PREA Data for Calendar Year 2023 4. The Annual Report can be found at: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/ <p>Interview/Site Observation:</p> <ol style="list-style-type: none"> 1. Detention Superintendent/PREA Coordinator <p>An interview with the Detention Superintendent/PREA Coordinator, along with a review of the 2023 Agency Annual Report, confirmed that the report is developed on an annual basis. The report includes a comparative analysis of key data points from previous years, allowing for a comprehensive evaluation of trends and operational outcomes over time.</p> <p>(a) Pursuant to §115.387, the Robert L. Perry Juvenile Justice Center remains committed to continually assessing and strengthening its approach to preventing, detecting, and responding to sexual abuse within its facilities. Through rigorous data collection and analysis, the agency seeks to refine policies and training programs to ensure the safety and well-being of all individuals under its care.</p> <p>Identification of Problem Areas</p> <p>Data gathered throughout the year provides valuable insight into potential vulnerabilities within existing procedures. By closely examining trends, incident reports, and feedback from staff and residents, the agency is able to pinpoint areas requiring improvement—whether in facility operations, staff training, or support services for affected individuals.</p> <p>Ongoing Corrective Actions</p> <p>Once problem areas are identified, the agency implements corrective measures on an ongoing basis to enhance safeguards against sexual abuse. These actions may include updating staff training protocols, adjusting supervision strategies, improving reporting mechanisms, or revising facility design to minimize risks. Regular evaluations ensure these adjustments are effective and responsive to emerging</p>

challenges.

Annual Report Findings and Recommendations

Each year, the agency compiles its findings into a comprehensive report detailing the impact of previous corrective actions and outlining future strategies for continued improvement. This report serves as a transparent record of accountability, providing insights into facility-specific trends while ensuring that reforms address concerns across the agency as a whole. The annual review also offers an opportunity to refine policies based on the latest best practices and industry standards.

By maintaining a proactive approach to data-driven policy evaluation, the Robert L. Perry Juvenile Justice Center upholds its commitment to fostering a safe environment for all individuals in its care.

Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section 3. a-c, states, “Robert L. Perry Juvenile Justice Center will prepare an annual report of its findings and corrective actions.

a. Such reports 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 facility’s progress in addressing sexual abuse.

b. Robert L. Perry Juvenile Justice Center’s report shall be approved by the Superintendent and made readily available to the public through its website or, if it does not have one, through other means.

c. Robert L. Perry Juvenile Justice Center 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.

(b) Annual Report and Comparative Analysis The Robert L. Perry Juvenile Justice Center PAQ mandates that the annual report incorporates a comparative analysis of current year data alongside corrective actions from previous years. This report serves as a critical assessment of the agency’s efforts in addressing sexual abuse, ensuring transparency and accountability in its progress. Compliance with relevant policies is detailed in provision (a) of this standard.

The facility provided the OSCA – PREA Data for Calendar Year 2024 for the Missouri Secure Detention DYS Contractual Sites CY24. This data reports:

2. The number OSCA PREA Data – aggregate data for all facilities
3. Facility individual information
4. Staff Incidents Section
5. Facility comparison data for years 2021, 2022, and 2023 (this grid is on a separate chart from the annual report.)

(c) The Robert L. Perry Juvenile Justice Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. The Annual Report can be found at: <https://dss.mo.gov/reports/prison-rape-elimin->

	<p>ation- act-reports/.</p> <p>The Robert L. Perry Juvenile Justice Center PAQ affirms the agency's commitment to transparency by ensuring its annual report is readily accessible to the public. The report is published at least once a year and made available through the agency's official website. The latest Annual Report can be found at: Missouri Department of Social Services Reports.</p> <p>(d) Redaction Limitations and Compliance The Robert L. Perry Juvenile Justice Center PAQ stipulates that any redactions made to an annual report for publication must be strictly limited to material that, if disclosed, would pose a clear and specific threat to the safety and security of the facility. These redactions must be applied with precision and transparency, ensuring that the integrity of the report remains intact while safeguarding the institution. Compliance with this policy is explicitly outlined in provision (a) of this standard, which serves as the guiding framework for determining the necessity and scope of any redactions.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Robert L. Perry Juvenile Justice Center PAQ 2. Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, not dated 3. Annual Reports 2013-2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Detention Superintendent 2. PREA Compliance Manager <p>Through interviews with the Detention Superintendent and PREA Compliance Manager, it was demonstrated that the data is securely stored on the Agency's intranet, with access strictly limited to Department Supervisory staff. Additionally, aggregate and redacted data is publicly available on the agency's website.</p> <p>(a) The Robert L. Perry Juvenile Justice Center PAQ affirms that the agency takes</p>

	<p>comprehensive measures to ensure the secure retention of both incident-based and aggregate data. These safeguards are implemented to maintain data integrity, confidentiality, and accessibility in accordance with established policies and regulatory requirements.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section 4., states, “Robert L. Perry Juvenile Justice Center shall ensure that data collected are securely retained.”</p> <p>(b) The Robert L. Perry Juvenile Justice Center PAQ mandates that agency policy ensures the annual publication of aggregated sexual abuse data from both directly controlled facilities and contracted private facilities. This information must be made readily accessible to the public through the agency's official website.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section 5., states, “Robert L. Perry Juvenile Justice Center shall make all aggregated sexual abuse data readily available to the public through the webpage at least annually.”</p> <p>(c) Prior to the public release of aggregated sexual abuse data, the agency shall ensure the removal of all personal identifiers to protect individual privacy and confidentiality.</p> <p>(d) Data Privacy and Retention Policy The Robert L. Perry Juvenile Justice Center ensures that, before making aggregated sexual abuse data publicly accessible, all personal identifiers are removed to safeguard individual privacy. In accordance with §115.387, the agency securely maintains collected sexual abuse data for a minimum period of 10 years from the initial date of collection, except where Federal, State, or local laws mandate an alternative retention period.</p> <p>Robert L. Perry Juvenile Justice Center Policies and Procedures, Data Collection and Review, page 2, section 6., states, “Robert L. Perry Juvenile Justice Center shall maintain sexual abuse data for at least 10 years after the date of its initial collection.”</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>(a) Throughout the previous three-year audit period, the agency ensured that every operational facility underwent a thorough audit.</p> <p>(b) This marks the first audit cycle for the Robert L. Perry Juvenile Justice Center, as well as the second year within this initial audit period.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor had the authority to request and obtain copies of all relevant documents, including electronically stored information. During the report writing phase, additional documents were requested by the Auditor and promptly provided.</p> <p>(m) The Auditor was authorized to conduct confidential interviews with both residents and staff</p> <p>(n) Residents are allowed to send confidential information or correspondence to the Auditor under the same protections as communication with legal counsel. During the onsite audit, the Auditor observed audit notices posted throughout the facility, and youth confirmed that these notices had been displayed for a significant period.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>(b) The agency has released the 2022 PREA audit report on its official website. The most recent annual PREA report available on the site is from 2023.</p> <p>Conclusion:</p> <p>The Auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviewed staff and residents, local and national advocates and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>

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.)	yes
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".)	yes
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.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

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

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

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

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

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

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

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

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

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

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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.)	no
	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.)	no
115.352 (e)	Exhaustion of administrative remedies	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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