

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 2/12/2016

<b>Auditor Information</b>			
<b>Auditor name:</b> G. Peter Zeegers			
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<b>Email:</b> pete.zeegers@us.g4s.com			
<b>Telephone number:</b> 863-441-2495			
<b>Date of facility visit:</b> January 11 <sup>th</sup> -12 <sup>th</sup> , 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Jackson County Juvenile Detention Center			
<b>Facility physical address:</b> 625 East 26 <sup>th</sup> Street, Kansas City, Missouri 64108			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 816-881-6508			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Chris Morrison			
<b>Number of staff assigned to the facility in the last 12 months:</b> 44			
<b>Designed facility capacity:</b> 40			
<b>Current population of facility:</b> 26			
<b>Facility security levels/inmate custody levels:</b> High Security			
<b>Age range of the population:</b> 12-17			
<b>Name of PREA Compliance Manager:</b> Chris Morrison		<b>Title:</b> Superintendent	
<b>Email address:</b> CMorris1@courts.mo.gov		<b>Telephone number:</b> 816-435-4763	
<b>Agency Information</b>			
<b>Name of agency:</b> Jackson County Family Court			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 625 East 26 <sup>th</sup> Street, Kansas City, Missouri 64108			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 816-881-6508			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Mary Marquez		<b>Title:</b> Deputy Court Administrator	
<b>Email address:</b> mary.marquez@courts.mo.gov		<b>Telephone number:</b> 816-435-4850	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Michael (Randy) Krueger		<b>Title:</b> Assistant Director, Residential Services	
<b>Email address:</b> MKrueger@courts.mo.gov		<b>Telephone number:</b> 816-881-6500	

## AUDIT FINDINGS

### NARRATIVE

Jackson County Juvenile Detention Center is a hardware secure, 40 bed facility, housing both male and female youth (ages 12-17) under the direction of the Jackson County Family Court. The facility is located in Kansas City, Missouri and employs 44 full-time staff. The youth being held in the Jackson County Juvenile Detention Center have been sentenced in the court system and are awaiting placement or have a pending trial. The youth attend school daily directed the Kansas City school district.

This audit was conducted by certified PREA Auditor G. Peter Zeegers. During the pre-audit phase, the auditor reviewed a variety of documents provided by the agency. These included policies and procedures, facility plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. The auditor conducted a pre-audit conference call one week prior to the on-site audit to provide agency and facility officials with the current status of the audit process; as well as to expand upon and clarify documents that had been submitted. The auditor did not receive any correspondence or requests from staff or youth prior to the on-site audit.

An on-site PREA Audit was conducted on January 11th and 12th, 2016. The entrance meeting was attended by Diana Turner, Director of Residential Services; Michael (Randy) Krueger, Assistant Director of Residential Services; Chris Morrison, Facility Superintendent/Facility PREA Compliance Manager; Lucas Castilleja, Assistant Superintendent; and G. Peter Zeegers, PREA Auditor. The on-site audit work plan was discussed, samples of youth and staff were selected, specialized staff were identified, and additional pre-audit information was obtained. The entrance meeting was followed by a tour of the facility led by Mr. Morrison. All areas were viewed, including the administration area, medical area, intake area, kitchen, dining room/visitation area, leisure/recreation areas, an indoor gymnasium, and the dorm area. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility. Additionally, informational pamphlets about PREA and the Metropolitan Organization to Counter Sexual Assault (MOCSA) were found in areas where staff and youth have access. No SANE or SAFE staff are employed at the facility; however, these professionals are provided at the Children's Mercy Hospital located in Kansas City, Missouri, where forensic examinations would be conducted at no cost to the youth and/or their family.

Interviews were conducted with the Agency Deputy Court Administrator's designee, the Agency PREA Coordinator, the Jackson County Detention Center Superintendent, who also serves as the Facility PREA Compliance Manager, supervisor who conducts unannounced rounds, intake staff, member of the incident review team, staff who monitors retaliation, a volunteer, staff that performs screening for risk of victimization and abusiveness, human resources staff, medical staff, ten custody staff randomly selected from each shift, and ten randomly selected youth.

On the day of the on-site audit, 26 youth were housed at the facility. There were no PREA-related allegations made during the previous 12 months. No youth reported during the intake process a previous sexual abuse. No youth identified themselves as being lesbian, gay, bisexual, trans-gender, inter-sex, questioning, or gender nonconforming during the intake process. There were no youth that identified as hearing or visually impaired, developmentally delayed, or who were limited English proficiency. This information was obtained from the Facility Superintendent and the youths' files.

Youth receive information on PREA and their rights during the intake process. The PREA information is printed in English and Spanish. Additionally, during their stay youth are provided information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The facility is located in the Jackson County Family Court Building at 625 East 26<sup>th</sup> Street, Kansas City, Missouri. The tour of the facility was conducted by the Superintendent who also serves as the PREA Compliance Manager. The facility is clean, in good repair, and well maintained. This facility is spacious enough for the youth and staff with open hallways and good lighting. The facility is split within three floors of the building. The ground floor has an indoor gymnasium. The first floor locates the administration area, control room, medical area, supervisors' offices, five dayrooms where the youth conduct groups, leisure time activities, and eat their meals. On this floor there is also a kitchen, a classroom, and an orientation room. The youths' dorms are located on the second floor. There are fifty-six rooms with forty in use. Thirty-two are for boys and eight are for girls. Most of the rooms have a toilet and a sink inside. There are four "Team" areas with two bathrooms for each area. Each bathroom has a shower, a sink, and a toilet. There is an outdoor basketball court.

There are fifty seven total cameras located on facility grounds. The control room monitors the cameras on a twenty-four hour basis.

The PREA Audit notice was posted on the bulletin boards in various hallways, as well as copies of the PREA brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing both the PREA hot-line number, the Child Abuse and Neglect hot-line number (OHI), and the Metropolitan Organization to Counter Sexual Assault (MOCSA). They are prominently posted in the main lobby area and hallways.

## **SUMMARY OF AUDIT FINDINGS**

The on-site audit occurred on January 11<sup>th</sup> and 12th, 2016. Ten youth files were randomly selected for screening instruments for abusiveness and victimization. These files were reviewed with most screenings being completed on the day of intake. The youth education acknowledgment forms were completed on the day of intake. All staff background screening information were completed and timely, as well as staff PREA training records being complete. This was verified by reviewing staff files. However, during the course of the audit there were three standards that could not be readily determined on-site. They were 313, 317, and 352. These three standards were concluded during the thirty days after the on-site audit. This was determined by the PREA Auditor.

All Jackson County Family Court policies that were submitted to this PREA Auditor via thumb drive, were reviewed prior to arrival of the on-site audit. Additionally, during the on-site audit, many of these documents and relevant information were reviewed. Family Court Policies included but not limited to: 150-04, PREA Policy 445-03-DT, 430-68-DT, Rule 430-36-DT, 445-05-DT, 230-04, 120-15, 320-12JO, 450-22-DT, 430-71-DT, 470-01, 110-23, and 430-07-DT. Additional documents were viewed such as: Jackson County Family Court Organizational Chart, various forms, MOU's, policy refreshers, posters, brochures, acknowledgment forms, internal web page information, revised policies, response plans, training rosters, additional auditor information, and various informational documents. The results of the audit indicates that the facility is in full compliance with PREA Standards. A final report is being issued.

Number of standards exceeded: 2

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 5

**Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency has a written policy #150-04 mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy details their approach to prevent, detect, and respond to sexual abuse and sexual harassment. The definitions of “prohibited behaviors” are clearly defined, as are the sanctions for those who violate the policy. The agency has designated a Family Court PREA Coordinator. He is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility has a PREA Compliance Manager who reports that he has sufficient time and authority to coordinate the facility’s compliance with the PREA standards. Interviews confirmed the practice.

**Standard 115.312 Contracting with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

This standard is N/A. This facility does not contract with other entities for the confinement of youth.

**Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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After a review of this standard, it was found that the annual staffing plan meeting had not been completed (313 a, d). During the 30 days after the on-site audit, the staffing plan meeting was conducted and sent to this PREA Auditor. The facility is now in compliance with the PREA Audit Report

standard. The meeting was completed on 1/15/16. There were no deviations from the current staffing plan during the previous twelve months. Additionally, the facility uses data obtained from PREA surveys to identify the location, frequency, days, and times of the security checks. Documentation of the rounds were reviewed, which confirmed compliance with the policy. Interviews with supervisors and security staff confirmed that these rounds were conducted and that security staff were not alerted in advance.

### **Standard 115.315 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 430-68-DT states that staff are not to conduct cross-gender pat down searches except in exigent circumstances. Staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility does not restrict female youth in confinement access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The facility documents all cross-gender strip searches and cross-gender visual body cavity searches, when conducted.

The facility enables youth in their custody 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. Facility staff of the opposite gender announce their presence when entering the dorm area. Staff do not search or physically examine a trans-gender or inter-sex youth in confinement or under supervision for the sole purpose of determining the youth’s genital status. Interviews with staff and youth confirm the practice.

### **Standard 115.316 Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 230-04 requires the facility to take appropriate steps to ensure that youth with disabilities, including but not limited to, youth who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects to prevent, detect, and respond to sexual abuse or sexual harassment. Such steps include, when necessary to ensure effective communication with youth who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, using any necessary specialized vocabulary. Further, the facility shall ensure that written materials are provided in formats and through methods that ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A list of resources for these services was provided.

Policy 445-03-DT also states that in order to ensure meaningful access and participation for Limited English Proficiency persons, the facility shall notify these youth that language interpreters are available to them at no cost and shall take reasonable steps to see that language services are provided. Youth are asked during the intake process to identify their first language. When it is determined that a youth is in need of language assistance, the youth’s Case Manager is notified. Interpreter Services are provided prior to completing the admission.

Interviews with staff and youth confirmed that youth are not used as interpreters.

### **Standard 115.317 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policies 120-15, 320-12-JO, and 150-04 address the requirements for background and criminal history screening. It is required that all applicants and employees who may have contact with youth are asked about previous misconduct. The PREA-related questions are included on the application which provides a notice that material omissions or the provision of materially false information may be grounds for disciplinary action up to and including termination. It is also required that the Hiring Authority consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with youth. Employees and contractors are to self-report all arrests, charges or summons, and/or complaints of any disqualifying offenses. Failure to do so may result in termination of employment or contract. Background screenings are conducted every two years. This has been verified with the Agency PREA Coordinator and Human Resources staff.

With 317 (h), the agency was not providing information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for who the employee had applied for work. The State of Missouri does not prohibit the dissemination of this information. During the thirty days after the on-sight audit the policy and procedure for 317, (h) was changed to comply with the standard. This auditor has the new policy.

### **Standard 115.318 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility has not upgraded any facility buildings or facility technology in the last year. This is N/A.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**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.**

The facility does not conduct administrative or criminal investigations according to policy 450-22-DT. Referrals are made to Child Abuse and Neglect (OHI) who conducts administrative investigations and the Kansas City Police Department who conduct criminal investigations.

Forensic medical exams, when needed, would be conducted at the Children’s Mercy Hospital in Kansas City, Missouri. Forensic exams would be conducted at no cost to the youth or their family. No forensic medical exams were conducted during the previous twelve months.

The facility has an MOU with the Metropolitan Organization to Counter Sexual Assault (MOCSA) to provide victim advocate services to the youth.

### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 445-03-DT details a comprehensive set of procedures to ensure that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. This policy describes the responsibilities of both the facility and the investigating agencies. This was verified in the interview with the Agency Head Designee.

For all cases of suspected abuse or neglect, a call shall be made to Child Abuse and Neglect (OHI) immediately or as soon as possible after learning of the incident. If the allegation involves potentially criminal behavior, the Superintendent or designee shall contact local law enforcement. All incidents shall be documented in an Informational Incident Report.

There were no PREA-related allegations made during the previous twelve months.

Staff interviews and training documentation confirmed that all staff have been trained on their responsibilities as mandatory child abuse reporters and understand their responsibilities to call OHI and local law enforcement (i.e. Kansas City Police Department) for sexual abuse incidents or suspicions.

### **Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency requires all staff to successfully complete a comprehensive PREA training. This training is offered annually and contains all of the elements required by the standard through Relias. It was verified by reviewing the training curriculum that all training is documented and staff sign statements that they have read and understood several agency and facility policies, including the reporting of alleged child abuse and PREA allegations. Samples of this documentation from staff files were reviewed and found in compliance.

Staff interviews also confirm they have received and understood the training.

### **Standard 115.332 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 430-71-DT meets the requirements of the standard. The facility utilizes volunteers and contractors, who have completed the same comprehensive PREA training that staff are required to complete. Training documentation was reviewed. Staff interviews and files verified the training completion.

### **Standard 115.333 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policies 430-71-DT and 445-03-DT address youth orientation and education. During intake, all youth receive an orientation that includes the Family Court PREA information relating to sexual misconduct and abusive sexual contact. The information is available in English and Spanish. Interpretive services for other languages are available, if needed. Interviews with youth confirmed that the information is communicated orally and in written form; and that they understood the information presented. Interviews with intake staff confirmed that this orientation is consistently completed with each admission. Youth sign an acknowledgment of having received the PREA information during the intake process. A review of the case files of the youth who were interviewed found that all had signed and dated the relevant acknowledgment form on the day of intake. The facility had posters displayed with PREA Hot-Line numbers and addresses in all areas where youth and staff are present in English and Spanish. PREA Audit Notice postings were also displayed in the same areas. Furthermore, the facility provides written PREA materials in formats and through methods to ensure effective communication with youth with disabilities, including youth who have intellectual disabilities, limited reading skills, or who are blind or have minimal vision.

### Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Child Abuse and Neglect (OHI) will conduct administrative investigations into PREA related allegations. All Investigators complete investigator training to enhance their skills. Interviews confirm this practice.

### Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Interviews with medical and mental health staff confirmed they received additional specialized training. Documentation reviewed confirmed that staff received this training. The training reviewed meets the requirements of the standard. The medical staff at the facility do not conduct forensic exams.

### Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 445-03-DT addresses risk screening. All youth are screened upon arrival for potential risk, utilizing the Admission and Placement Screening for Detention Centers, which contains the elements required by the standard. If the results from the Risk Assessment Tool indicates a probability for victimization or sexually aggressive behavior and/or violent behavior, the youth shall be assigned to an appropriate room close to staff posts. If the screening indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting

with a contracted Mental Health provider. The follow-up shall be completed within 14 days. The Intake staff also completes an inspection of any other medical and mental health screenings that may have been conducted, as well as conversations with the youth during the admission process. Existing court records and case files are also consulted, if available. Policy requires intake staff, as part of the risk screening process, to attempt to ascertain information about any gender non-conforming appearance, mannerisms, or identification as LGBTQI. All risk assessment documentation is securely maintained and accessible only on a need to know basis. Youth are assessed as needed, and more specifically if a youth makes an allegation of sexual abuse or harassment the entire screening is re-conducted. Files showed that all screenings were conducted within 24 hours of intake. Youth interviews confirmed that they received a risk screening during the admission process. Interviews with Specialized Staff who perform the risk screenings confirmed the comprehensive nature of the screenings and how housing decisions were made.

#### **Standard 115.342 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Policy 445-03-DT states that results of the Risk Assessment Screening process be primarily used to establish housing assignments and to increase staff awareness of potential safety concerns. Housing assignments are made with the intent of separating victims and aggressors by room and/or dorm location. Agency policy prohibits youth identified or confirmed as sexually aggressive are allowed to be housed in the same room as youth who have been identified as sexually vulnerable. Policy prohibits youth who identify as LGBTQI from being placed in seclusion as a means of keeping them safe from discrimination, harassment, or abuse.

Family Court staff are required to make housing decisions on a case-by-case basis for youth who identify as transgender or intersex, taking into account the youth's perception of the most secure placement, and whether the placement would present management or security issues. Also, policy requires that placement and programming assignments for each youth who identifies as trans-gender or inter-sex shall be reassessed by the Treatment Team at the youth's current placement at least twice each year to review any threats to safety experienced by the youth. The youth may request at any time that the Treatment Team reconsider the placement or programming decision. Policy states that if a youth discloses their sexual orientation or gender identity during intake, the intake worker shall talk with the youth about it in an open and non-judgmental fashion and determine if the youth has particular concerns or needs related to their LGBTQI identity. All youth are permitted to use the bathroom that is consistent with their gender identity and shower separately or in a separate designated area.

#### **Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Youth interviews confirmed that the facility provides multiple internal ways for youth to privately report sexual abuse, harassment, and retaliation by youth or staff. All youth identified the reporting numbers for state agencies listed on the posters in various areas of the facility. They also stated that they can confide in their lawyer, their counselor, family member, or a staff member. Youth also confirmed that they

have access to writing materials, both during the school day, as well as in the dorm area. The youth state that they can put a note or letter in the grievance box, which is checked daily by the Superintendent or designee. The youth also receive a PREA information that details the various methods to make a report as required by policy. Staff interviews confirmed that they accept all reports, whether verbal or written, and from any source. Staff interviews also confirmed that they can privately report sexual abuse or harassment of youth using the OHI number. Staff interviews confirmed their knowledge of these reporting methods. There were no PREA-related allegations made during the previous twelve months. Policy 430-68-DT addresses this standard which indicates compliance.

### **Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Although there is a facility grievance procedure available for the youth, a memo from the Agency PREA Coordinator dated September 28, 2015, indicates that PREA allegations are not officially accepted through this method. In the interviews with the Agency PREA Coordinator and the Superintendent, it was stated that if a grievance or note from the grievance box indicates a PREA allegation is being reported, the grievance is immediately treated as if it had just been reported verbally with proper steps and reporting conducted. This standard is N/A.

### **Standard 115.353 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The facility currently has an MOU with the Metropolitan Organization to Counter Sexual Assault (MOCSA) to provide victim supportive services to youth upon request. During the on-site audit, during youth interviews, it was found that no youth knew about the victim advocate services provided by MOCSA. During the thirty day follow-up time frame, the facility conducted groups with all youth in order to deliver the information about the Victim Advocate Services. This auditor verified the group sessions.

Posters containing the OHI hot-line number are prominently posted in the hallways and lobby area. Staff and youth interviews confirmed that staff provide youth with the limitations of confidentiality regarding mandatory reporting laws. Youth communication to these services are not monitored. Youth interviews confirmed that those who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed to make phone calls weekly to family members.

### **Standard 115.354 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The facility sends a letter to parents upon their admission stating: ‘If your child reports that anyone has physically or sexually harmed them, verbally abused them, or neglected them, you may file a third party report on behalf of your child. The Missouri hot-line number is 800-392-3738. Once you contact the hot-line, an operator will take your information and create a report and an investigator will follow-up. You may also report any abuse or neglect concerns to any Family Court staff member and they will assist you in either contacting the hot-line or completing the report for follow-up; or you may access the 16<sup>th</sup> Circuit Court’s webpage.’

### **Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 445-03-DT states that any person(s) providing services in the facility who receives information, regardless of its source, concerning staff sexual misconduct, youth sexual abuse, sexual harassment, or youth sexual misconduct, or who have reason to suspect, or who observe an incident, are required to immediately report the incident to the Shift Supervisor and Superintendent or Designee. Policy states that employees, volunteers, contractors and interns with Family Court Services are mandatory reporters for child abuse and are obligated by law to abide by this policy (i.e., Reporting Alleged Abuse). Policy states that all information related to a victim of staff sexual misconduct or youth sexual abuse shall be considered confidential and shall only be released to those who need this information to perform their duties. All staff understand that they are mandatory reporters. Medical and mental health staff report that they inform youth of their duty to report and the limitations of confidentiality at the initiation of services. All staff are mandated child abuse reporters and receive appropriate training. Staff interviews confirmed that medical staff are mandated child abuse reporters and that they inform youth of their duty to report and the limitations of confidentiality.

### **Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Although there were no instances during the previous twelve months where a youth was subject to a substantial risk of sexual abuse, during interviews all security and specialized staff clearly stated their understanding of the importance and duty to protect youth from harm. This is especially true with respect to youth who identify as LGBTQI. As noted above, the facility requires the Treatment Team to reassess placement and programming assignments for these youth every six months. This was verified in staff interviews and resident files. Policy gives LGBTQI residents the right to request their housing assignment be re-evaluated by the Treatment Team at any time during their length of stay. Furthermore, policy requires that if staff have a reason to believe that staff sexual misconduct or youth sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. Staff report that they are to separate the youth and notify the Superintendent.

**Standard 115.363 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 430-52-DT states that allegations of sexual abuse reported to have occurred at a prior facility or any institution shall require that the Superintendent receiving the report notify the Superintendent where the alleged incident occurred. If there is no evidence in the OHI database that a report has been made previously, a report shall be made per agency policy. The Superintendent stated in his interview that it is expected that such a report be made immediately upon learning of the allegation. There were no such reports or allegations made during the previous twelve months. While there has not been an allegation of sexual abuse made by another facility in the previous twelve months, program policy requires prompt notification, documentation and follow-up with the particular reporting facility. Also, agency policy requires mandated reporters to report such an allegation to OHI.

**Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 450-22-DT details the facility's first responder duties. All staff are considered to be first responders. If there is a reason to believe that staff sexual misconduct or youth sexual abuse has occurred, the employee shall take reasonable and appropriate measures to assure victim safety. The alleged victim and alleged perpetrator shall be physically separated. The shift supervisor is then notified. Staff directs that the alleged victim and perpetrator not be allowed to shower, wash hands, brush teeth, change clothes, urinate, defecate, drink or eat until all investigation and examination protocols are completed. The room/area where the alleged sexual contact occurred shall be secured by staff and not accessible until released by law enforcement. Non-punitive change in housing may be provided. There were no PREA-related

allegations made during the previous twelve months. Ninety percent of staff interviewed understood and could articulate the responsibilities of a first responder. Facility policy includes the requirements of the standard.

### **Standard 115.365 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The facility has a written, site-specific, detailed Coordinated Response Plan for PREA Related Incidents that reflects the requirements of policy. This auditor reviewed the site-specific Coordinated Response Plan. All staff could articulate that the plan could be accessed in the control room. The plan was site specific.

### **Standard 115.366 Preservation of ability to protect residents from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

This standard is N/A. There are no agreements of the type defined in the standard in place or contemplated.

### **Standard 115.367 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Family Court Services Rule 420-01 states that Family Court facilities shall protect all youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other youth or staff. All reports of retaliation shall be taken seriously and may result in disciplinary action up to and including termination. The Superintendent is responsible for monitor retaliation. Periodic checks are included. Monitoring shall consist of a review of the following: a. the youth’s disciplinary reports, b. Housing and room assignment, c. Program changes, d. Staff performance reviews and, e. Staff assignments and duties. Finally, the policy states that monitoring terminates once the allegation has been labeled unfounded by the investigating entity. The Superintendent was knowledgeable on what to look for and what to do with respect to retaliation against, or by, youth and/or staff. This includes periodic status checks. There were no instances of actual or threatened retaliation during the previous twelve months.

**Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

This is N/A. The facility does not utilize any form of segregated housing.

**Standard 115.371 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The facility does not conduct criminal investigations according to policy 450-22-DT. Referrals are made to OHI, who will conduct administrative investigations and the Kansas City Police Department will conduct criminal investigations. Policy states that OHI facility appointing authority (usually the Superintendent) shall ensure cooperation and coordination with all investigating agencies/persons, and that the facility shall share all pertinent documentation, records, and available information with the agency. There were no PREA-related allegations made during the previous twelve months.

**Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



- Does Not Meet Standard (requires corrective action)

**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.**

Neither the agency, nor the facility, conducts criminal investigations of allegations of sexual abuse or sexual harassment. The agency and facility conduct administrative investigations when deemed appropriate. Once a substantiated finding is made by either the OHI or law enforcement, the agency may take disciplinary action. The Agency PREA Coordinator reported that in practice the standard shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### **Standard 115.373 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 445-03-DT addresses the requirements of this standard. Following an investigation into a youth’s allegation of sexual abuse and receipt of the investigating agency’s finding or findings, the Superintendent shall inform the youth the determined outcome. Following a youth’s allegation that an employee has committed sexual abuse against the youth, the Superintendent shall inform the youth when: a. The employee is no longer employed at the facility; b. The employee is no longer posted on the youth’s unit; c. The facility has learned that the employee has been criminally charged as a result of the allegation; or d. The facility has learned that the employee has been convicted of charges related to the allegation.

The facility is not required to report to the youth an employee’s status if the allegation is unfounded.

Following a youth’s allegation that he or she has been sexually abused by another youth, the Superintendent shall inform the youth when: a. the facility learns the alleged abuser has been criminally charged; or b. the facility learns the alleged abuse has been convicted as a result of the allegation. The facility’s obligation to notify the youth terminates if the youth is released from the Department of Public Safety custody. There were no PREA-related allegations made during the previous twelve months. The Superintendent stated his understanding and knowledge of the procedures for reporting findings of concluded investigations during the interview process.

### **Standard 115.376 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Agency policy 110-23 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is presumed to be termination in that such criminal charges usually result in incarceration. Any disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations. Agency policy requires all allegations of sexual abuse be reported to the Kansas City Police Department, regardless of whether the staff resigns or is terminated. This was confirmed in the interview with the Agency PREA Coordinator.

#### **Standard 115.377 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 150-04 states that the Superintendent, or designee, is required to curtail, postpone or discontinue the services of a contractor, intern, volunteer or similar individual or volunteer organization, when substantial reasons for doing so exist, such as unlawful conduct or breach of facility rules, and regulations or engaging in activities that threaten the safety, order or security of the facility. The Agency PREA Coordinator reported that in the event the contractor or volunteer held a professional license issued by the state, the applicable licensing authority would be notified. Interview with the Superintendent also confirmed this practice.

#### **Standard 115.378 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 430-57-DT states that appropriate remedial measures shall be considered whether to prohibit further contact with other youth. Youth are subject to consequences of sexual misconduct/offense pursuant to the Youth Disciplinary Process policy following the established due process. Youth consequences shall commensurate with the nature and circumstances of the sexual abuse or harassment committed, the youth's disciplinary history, and consequences imposed for comparable offenses committed by other youth with similar history. The facility takes into consideration whether a youth's mental disabilities or mental illness contributed to the behavior when determining what disciplinary sanctions, if any, will be imposed. The Agency PREA Coordinator also clarified that the facility does not make any determination regarding whether a particular activity constitutes sexual abuse. This determination is made by a trained OHI investigator, court system, and/or Law Enforcement.

#### **Standard 115.381 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 445-03-DT states that if the screening for abusiveness and victimization indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health provider. The follow-up shall be completed within 14 days. All confidential data and files are labeled on a "need to know" basis. Superintendent and medical staff interviews verified the procedures. Facility procedures complies with all elements of the standard. There were no youth who reported prior sexual victimization during intake. Interviews with medical staff confirmed that services would be provided, if requested by a youth.

**Standard 115.382 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Any youth alleging victimization are transported to Children’s Mercy Hospital where SANE services are available. Acute trauma care shall be provided by the SANE program including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, prophylaxis and testing for Sexually Transmitted Diseases. The policy states that victims shall be provided trauma assessment, crisis intervention, safety planning and address treatment needs. A contracted Mental Health Specialist shall see the youth victim, as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e. psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Youth are informed during their intake orientation that all such services will be provided without financial costs (also written in the PREA information the youth receive). Medical staff and the Superintendent staff verified the procedures.

**Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 445-03-DT states that a contracted Mental Health Specialist shall see the youth victim as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the Mental Health Specialist shall develop a short-term trauma plan (i.e. psychiatric care, medication, mental health counseling, etc.) and an on-going counseling plan as needed. Testing for Sexually Transmitted Diseases is provided, as medically appropriate. Youth are informed during their intake orientation that all such services will be provided without financial costs (also written in the PREA information each youth receive). Treatment can be provided to youth-on-youth abusers. Medical staff and the Superintendent verified the policy and procedures.

### **Standard 115.386 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Policy 445-03-DT states that all substantiated and unsubstantiated staff sexual misconduct and youth sexual abuse incidents shall conclude with a Sexual Abuse Review completed and coordinated by the Superintendent. The review process shall consider whether: a. Changes in the policy or practice are needed; b. Whether race, ethnicity, sexual orientation, gender identity, gang affiliation or youth culture in the facility played a role; c. Physical barriers in the facility; d. Staffing levels, and e. Video monitoring needs.

The review shall occur within 30 days of the conclusion of the investigation. The Superintendent shall invite the following persons to participate in the review: a. Agency PREA Coordinator; and b. Assistant Superintendent; c. Facility Supervisors; and d. Medical. The Superintendent shall prepare a report of the findings to include recommendations for improvement. The report shall be submitted to the Agency PREA Coordinator. The Superintendent may implement the recommendations for improvement or shall document the reasons for not doing so. In that there were no substantiated or unsubstantiated findings that required a review, there were none completed in the previous twelve months.

### **Standard 115.387 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Procedure dictates that any incident report that alleges staff sexual misconduct, juvenile sexual misconduct or youth sexual abuse in Family Court Services facilities shall be collected by the Agency PREA Coordinator. The Agency PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the State of Missouri who then compiles all statewide data and submits to Federal Bureau of Justice as required by the Department of Justice. There shall be a survey for collecting data by the State of Missouri regarding sexual contact prevention. The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects

the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. This procedure was verified by the Agency PREA Coordinator and the liaison to the Statewide Detention PREA Coordinator.

**Standard 115.388 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The facility has conducted the 2014/2015 annual report and it is posted on the State of Missouri Department of Juvenile Justice Website. The agency has prepared an annual report of its findings with corrective actions for each facility, as well as the agency as a whole. The report includes a comparison of the current year's data.

**Standard 115.389 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency meets the requirements of this standard. State of Missouri has a public website that features all federal PREA reports, PREA brochures, and information regarding PREA.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Garret Peter Zeegers

2/12/2016

Auditor Signature

Date