

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 06/02/16

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: May 2-3, 2016			
Facility Information			
Facility name: Ozarks Regional Juvenile Detention District			
Facility physical address: 1400 Industrial Park Drive, Mountain Grove, MO 65711			
Facility mailing address: <i>(if different from above)</i> P.O. Box 390, Mountain Grove, MO 65711			
Facility telephone number: (417) 926-3120			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Kristie Blakey			
Number of staff assigned to the facility in the last 12 months: 18			
Designed facility capacity: 16			
Current population of facility: 2			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 10-17			
Name of PREA Compliance Manager: Kristie Blakey		Title: Detention Superintendent	
Email address: kristie.blakey@courts.mo.gov		Telephone number: (417) 926-3120	
Agency Information			
Name of agency: Ozarks Regional Juvenile Detention District			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1400 Industrial Park Drive, Mountain Grove, MO 65711			
Mailing address: <i>(if different from above)</i> P.O. Box 390, Mountain Grove, MO 65711			
Telephone number: (417) 926-3120			
Agency Chief Executive Officer			
Name: Kristie Blakey		Title: Detention Superintendent	
Email address: kristie.blakey@courts.mo.gov		Telephone number: (417) 926-3120	
Agency-Wide PREA Coordinator			
Name: Terri Lawson		Title: Secretary	
Email address: terri.lawson@courts.mo.gov		Telephone number: (417) 926-3120	

AUDIT FINDINGS

NARRATIVE

Ozarks Regional Juvenile Detention District (ORJDD) is a state/county funded 16 bed male and female secure detention facility monitored by the Office of State Court Administrator (OSCA) and contracted with the Missouri Division of Youth Services (MDYS). The detention center was opened in 2002, one side of the center is located a court room and juvenile offices with a reception area. The other side of the center is the detention facility with several administrative offices. ORJDD provides short term care for juveniles pending adjudication and/or disposition and commitment by the court or who are awaiting transfer to another facility and cannot be served in an open setting. The average daily population has been five (5) residents with an average length of stay in 2015 of seven (7) days ranging between the ages of 10-17. There were two (2) residents at the detention facility at the time of the review.

ORJDD's mission statement is "to enhance the rehabilitation process of the juvenile offenders placed at the detention facility by establishing a consistent, structured and positive environment thereby allowing the juvenile to benefit to a greater degree from ensuing treatment or other professional intervention." Additionally, the detention facility houses residents for the following reasons: (1) To protect the juvenile; (2) To protect the person or property of others; (3) The juvenile may flee or be removed from the jurisdiction of the court; (4) The juvenile has no custodian or suitable adult to provide care and supervision for the juvenile and return the juvenile to the court when required; (5) The juvenile is a fugitive from another jurisdiction and an official form that jurisdiction has required the juvenile be detained pending his/her return to that jurisdiction and (6) The juvenile is ordered to be held by the juvenile officer or by one of his deputies after normal office hours, the court order, must be obtained the next day.

ORJDD is staffed with eighteen (18) full-time and part-time employees. The staff consisted of: Superintendent; Assistant Director Detention Juvenile Officer; (2) Detention Juvenile Officer Supervisor; Secretary; twelve (12) Detention Aides and food service personnel at the detention facility. The Detention Juvenile Officer Supervisors or Detention Aides complete an initial intake medical and mental health assessment of each resident. Medical services (Family Walk-in Clinic of Mountain Grove) are provided by an outside source who would complete the physical assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Additionally, dental services are provided by an outside source consisting of dental care, cleaning, education, and treatment fillings to extractions. Texas County Memorial Hospital & Mountain Grove Clinic provides emergency services and forensic examinations are conducted at the Child Advocacy Center-South Central, West Plains, Missouri. Mental health services are provided by LRT Counseling & Libby Bowie Counseling. The services consist of the initial mental health assessment and refers residents to outside mental health and substance abuse services for any additional services deemed necessary to assist the resident.

ORJDD operates with a certified education teacher employed by the Mountain Grove School District that provides state accredited educational services for the residents. The school is operated year round and allows residents to continue their education while receiving assistance and support with their treatment needs while at the detention facility. The credits earned in the school by the residents can be transferred back to their public school if is a part of their individualized treatment plan. The school is equipped with a library including technological equipment to enhance student learning. Additionally, the IEP's and/or diagnosed Learning Disabilities accommodations are available for each resident's originating school district, and parents/guardians in order to ensure continued implementation. Tutoring is arranged if needed and a resident may study to complete their GED.

DESCRIPTION OF FACILITY CHARACTERISTICS

Ozarks Regional Juvenile Detention Center is located in a small rural town in the southwest region of Missouri. The facility was opened in 2002 and consists of several administrative offices, intake and sally port area, a classroom, a master control room, two (2) large open day rooms with the eight (8) single cells in each location, a full kitchen, two (2) showers located in each area, laundry and storage area, an outdoor recreation area and designated visiting areas. The facility is video monitored and recorded to ensure safety and security of all residents. Both day rooms are used for dining, programming and indoor activities. Each resident has their own private sleeping area with bed, table and chair, toilet and sink. There is a video camera in every room and it is angled to observe the sleeping and table activity only. At the end of each day room are two (2) shower units that are private and not monitored visibly but audibly. The open floor plan has little to no blind spots and all areas are easily monitored by the master control room except for the bathroom/shower areas as indicated previously. The food personnel staff at the detention facility provides each resident with hot home cooked meals and plenty of snacks on a daily basis. The outdoor recreation yard has a regulation size basketball court surrounded with a razor wired solid wall accessible by a door at the end of each day room. Residents have the capability to quietly read in their rooms if not interested in an outdoor activity.

ORJDD's fully trained staff assist the residents with the admission and coping with being detained at the detention facility. Daily physical and mental activities are implemented. Programs and activities are offered to stimulate the residents to think, listen, learn and act responsibly. In addition, the staff provides life skills, coping skills, and setting goals as key tools to get the resident back on track.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by March 21, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Missouri Division of Youth Services (MDYS) Senior Program Administrator/ PREA Coordinator. The photographs indicated notices were posted in various locations throughout the detention facility including the intake, visitation, housing/unit areas, and classroom. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by April 4, 2016. The documents, which were uploaded to a UBS flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the ORJDD Detention Superintendent and providing a list of noted concerns, the ORJDD Secretary/PREA Coordinator sent the documentation prior to arrival to the facility. Also several documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on May 2-3, 2016. An entrance briefing was conducted with the ORJDD Detention Superintendent and ORJDD Secretary/PREA Coordinator. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire detention center was conducted including the reception area, court room, Juvenile Officers offices, administrative area, intake area, visitation area, housing/unit areas including dayrooms, master control room, school classroom, outdoor recreation area, full kitchen area, and laundry and storage areas. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The detention facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the detention facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in the resident's rooms but they are angled to observe the sleeping and table activity only. There are two (2) shower units at the end of each day room, residents are not seen on the surveillance system while showering but monitored audibly and same sex staff are positioned to supervise the shower area to allow for privacy. During the tour, it was observed the shower/toilet areas in the male and female housing/unit areas did allow for privacy.

During the two (2) day on-site visit, there were a total of two (2) residents in the detention facility. Both residents were interviewed on the second day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff or Detention Superintendent, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of the ORJDD obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Thirteen (13) staff including those from all three (3) shifts, supervisory staff, contracted staff (teacher), Secretary/PREA Coordinator and ORJDD Detention Superintendent were interviewed during the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the ORJDD Detention Superintendent and ORJDD Secretary/PREA Coordinator. At the exit debriefing, it was discussed additional documentation was required for six (6) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the ORJDD Secretary/PREA Coordinator. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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 initial review of the ORJDD Manual of Policies and Procedures outlines how the detention facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the detention facility’s approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents.

ORJDD Detention Superintendent is designated as the PREA Compliance Manager and ORJDD Secretary is the PREA Coordinator who indicated they both have sufficient time to oversee the detention facility’s PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of ORJDD Agency’s Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

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.

A review of the documentation revealed Missouri Division of Youth Services (MDYS) has entered into/renewed contract with Ozarks Regional Juvenile Detention Division (ORJDD) to provide confinement of residents. MYDS monitors this contract to ensure compliance with the PREA standards.

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)

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 initial review of the ORJDD Manual of Policies and Procedures required the facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for staff to resident ratios, physical plant, video monitoring, and federal standards. In addition, to comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts quarterly. The detention facility's staffing plan was developed, implemented and in compliance with the standards. During the initial documentation review, the detention facility did report deviations from the staffing plan that consisted of illnesses, vacations, low funding, hiring freeze, training and holidays. Also, the facility staff to resident ratios varied due to the fluctuation of the resident population during the awake and sleep hours in the housing/unit areas such as 1:2; 1:4 & 1:6. There was an annual staffing plan review last year conducted by MDYS. Minimum staff ratios are always maintained in accordance with Office of State Courts Administrator (OSCA) requirements, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. The ORJDD Detention Superintendent conducts and documents unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment. Unannounced rounds are conducted quarterly on every shift and documented on the "Unannounced Program Visit" form that contains observations of all areas of the facility. Staff interviews confirmed the process takes place in the detention facility.

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.

The initial review of the ORJDD Manual of Policies and Procedures revealed protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, both male and female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. There were no cross-gender pat-down searches conducted during the past 12 months. Most staff and resident interviews indicated that both male and female staff entering the housing/unit area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Additionally, staff and resident interviews indicated that staff of the opposite gender are prohibited from entering the shower area while residents are showering. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. However, all staff were able to describe what an exigent circumstance would be but in most instances were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. After the on-site visit, all staff were trained on cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. The ORJDD Secretary/PREA Coordinator sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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.

The initial review of the ORJDD Manual of Policies and Procedures contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the detention facility’s efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the detention facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents’ safety. There are postings throughout the detention facility in English and Spanish. The detention facility staff have access to the Communication Access Real-Time (Cart) Providers and a list of Foreign Language Certified Court Interpreters besides the Mountain Grove school staff to provide residents with disabilities and residents who are limited English proficient with various deaf and interpreter services on an as needed basis. Staff training documentation, pamphlet, and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. The resident handbook is available in Spanish. Some staff and resident interviews confirmed the detention facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Since the initial review and on-site visit, the documentation was received prior to the submission of this report.

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)

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 initial review of the ORJDD Manual of Policies and Procedures contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse registry checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The agency conducts 5-year background checks for all employees and every two (2) years background checks for all contractors. Material omissions by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff HR records contained the documented criminal background checks and did not contain the questions regarding past misconduct that would be asked and responded to during the hiring process. After the on-site visit, the ORJDD Secretary/PREA Coordinator sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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)

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.

ORJDD has not been newly designed or had a substantial expansion or modification since August 20, 2012. There was no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology at this facility. During the tour, the video surveillance system in the master control area was observed. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the detention facility.

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 initial review of the ORJDD Manual of Policies and Procedures contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim’s age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some staff interviews confirmed Missouri Division of Youth Services (MDYS) & Mountain Grove Police Department (MGPD) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. There is evidence of MDYS obtaining Memorandum of Understanding with the Child Advocacy Center-South Central to provide confidential emotional support to residents who are victims of sexual abuse. Documentation was provided that the medical examiners at Child Advocacy Center-South Central is SAFE certified. All residents are offered a forensic medical examinations at no financial cost to the victim. Additionally, the detention facility has contracted with a qualified individual to provide victim advocate services and who has been trained on the PREA standards.

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.

The initial review of the ORJDD Manual of Policies and Procedures requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Mountain Grove Police Department (MGPD) for criminal investigation and Missouri Division of Youth Services (MDYS) for administrative investigation. The PREA policy can be found at the Missouri state’s website. Additionally, the parent/guardian is provided with the ORJDD Parent Information and

pamphlet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. The detention facility has reported no allegations of sexual abuse and sexual harassment resulting in a criminal investigations. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All eleven (11) topics covered during PREA training are consistent with this standard's requirements and is tailored to the detention facility's male and female resident population. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign acknowledgement forms for both policy and video upon completion of the initial PREA training. A review of all acknowledgment forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and or sexual harassment.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and the training is documented. All volunteers, interns and contractors receive and sign a "Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement" form they understand the PREA training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. An interview with a contracted teacher confirmed her knowledge of the PREA training.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency’s response to allegations within 10 days upon arrival. However, the detention juvenile officer supervisor and or detention aide staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook & brochure is provided to them for future reference. After the review with the resident he/she is asked to sign various forms verifying receipt for all information regarding orientation to the detention facility. All residents are provided ORJDD What You Should Know About Sexual Assault/Abuse brochure which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. Documentation of resident’s signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook. Additionally, they indicated their detention officer and detention aide staff have continued to provide this education on an ongoing basis.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Missouri Division of Youth Services (MDYS) and Mountain Grove Police Department (MGPD) for investigations.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed no medical and mental health/substance abuse staff received the basic PREA training provided to all staff. All residents are transported to outside services for medical services (Texas County Memorial Hospital & Mountain Grove Clinic) and mental health services (LRT Counseling & Libby Bowie Counseling) to the residents. This standard therefore would not be applicable for specialized training requirements for medical and mental health staff since the services are provided by outside sources.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the Sexual Assault Victim Assailant Checklist (SAVAC) and within 72 hours. All residents are screened within twenty-four hours upon arrival at the detention facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum of daily or monthly depending on their length of stay at the detention facility. The detention facility's policies limits staff access to this information on a “need to know basis”. Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident’s own views of their safety in placement and programming assignments. During the initial document review, some information was missing from the detention facility’s intake pack, this was corrected and the ORJDD Secretary/PREA Coordinator sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process (Sexual Assault Victim Assailant Checklist) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to

determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The assistant director detention juvenile officer and or detention aide staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are two (2) housing/unit areas with eight (8) single cell rooms in each 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)

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.

An initial review of the ORJDD Manual of Policies and Procedures and the detention facility provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline, and third party. While touring the entire detention facility, it was observed in the day room the postings of the PREA information (posters), the victim advocate information postings and pamphlets. Reporting procedures are provided to residents through the resident handbook and pamphlet. All staff and resident interviews along with the supporting documentation verified compliance with this standard.

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)

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.

An initial review of the ORJDD Manual of Policies and Procedures describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the deposit box located in one of the day rooms at the detention facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The ORJDD Detention Superintendent will review the complaint within 24 hours and advise the resident of the outcome or status of the investigation. Resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the deposit box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints.

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.

An initial review of ORJDD Manual of Policies and Procedures ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of MDYS obtaining Memorandum of Understanding with the Child Advocacy Center-South Central to provide victim advocate services. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The detention facility provides daily calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The pamphlet contained information of the outside services. Resident interviews revealed limited knowledge of how to access outside services. However, additional education has been provided to the residents on victim advocate services and the telephone number is clearly posted for residents viewing.

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.

An initial review of ORJDD Manual of Policies and Procedures identifies third party reporting process and instruct staff to accept third party reports. MDYS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident and the detention facility's information is located in their visitation area. Also, the detention staff provide the parent/guardian with a parent resource handbook containing third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

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.

An initial review of the ORJDD Manual of Policies and Procedures identified the reporting process for all detention staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All assistant director detention juvenile officers and detention aides are mandated reporters and random staff interviews confirmed the program’s compliance with this standard. All detention staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through detention facility protocol and or training.

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.

An initial review of the ORJDD Manual of Policies and Procedures require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the ORJDD Detention Superintendent and other random selected staff were able to articulate, without hesitation, the expectations and requirements of ORJDD Manual and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this detention facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another detention facility, to notify the head of the other detention facility where the alleged abuse occurred and to report it in accordance with ORJDD Manual. Also according to policy and procedure the Superintendent is to immediately report the incident to the Missouri Division of Youth Services (MDYS) for investigation and complete an incident report. The ORJDD

Detention Superintendent had not received any allegations that a resident was abused while confined at another detention facility during the past 12 months.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegation of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with ORJDD Manual of Policies and Procedures. It was evident that staff have been trained in their responsibilities as first responders.

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.

ORJDD Manual of Policies and Procedures provides a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, detention facility leadership and contacting medical and mental health outside sources. Coordinated Response clearly enumerate the actions to be taken by each discipline or involved staff person. Plans include instructions for accessing rape crisis center, victim advocate services, and parent/guardian. Interviews with the ORJDD Detention Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

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 facility does not maintain collective bargaining agreements therefore this standard is not applicable.

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.

ORJDD Manual of Policies and Procedures requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. ORJDD Manual prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The ORJDD Detention Superintendent is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 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.

The initial review of the ORJDD Manual of Policies and Procedures contained information on post-allegation protective custody or guidelines for moving a resident to another housing area or another detention facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The detention facility restricts any isolation placement with no longer than thirty (30) days. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in the other housing/unit or staff would be placed on "no contact with resident."

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.

ORJDD Manual of Policies and Procedures require all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Mountain Grove Police Department (MGPD) for investigation and determination of criminal charges. There has been no reported investigation that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this detention facility in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the detention center, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

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.

ORJDD Manual of Policies and Procedures contains all the elements of the standard and the Missouri Division of Youth Services (MDYS) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the ORJDD Detention Superintendent indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the consultation with legal and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

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.

ORJDD Manual of Policies and Procedures requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing/unit; the staff member is no longer employed at the facility; ORJDD learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, Missouri Division of Youth Services (MDYS) notifies the Superintendent of the detention facility who will then inform the resident whenever the detention facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the detention facility. There has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this detention facility in the past 12 months which was investigated and completed by an outside agency. The ORJDD Detention Superintendent validated her technical knowledge of the reporting process during her interview.

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.

ORJDD Manual of Policies and Procedures and Court Operating Rule 7 Section B 12 (Employee Discipline) requires staff disciplinary sanctions up to and including termination for violating detention facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with ORJDD Manual. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employees terminated in the past 12 months for violation of the facility's sexual abuse or harassment policies. The ORJDD Detention Superintendent interview validated her technical knowledge of the reporting process was consistent with ORJDD Manual.

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.

ORJDD Manual of Policies and Procedures requires that volunteers and contractors in violation of the detention facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the detention staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This

was verified during an interview with the ORJDD Detention Superintendent. There have been no volunteers or contractors reported in the past 12 months.

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.

ORJDD Manual of Policies and Procedures found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. ORJDD staff provides each resident with a resident packet that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The ORJDD Detention Superintendent indicated that residents may also be referred for prosecution if the allegations were criminal.

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.

ORJDD Manual of Policies and Procedures require that medical and mental health evaluation and, as appropriate, treatment, is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. There were no residents who disclosed prior victimization during their initial screening process.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Child Advocacy Center-South Central provides the forensic examinations and victim advocate services and the Texas County Memorial Hospital provides the emergency services for this facility.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the detention facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported Child Advocacy Center-South Central where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There is a process in place to ensure staff track ongoing medical and mental health services for victims who may have been sexually abused.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. ORJDD Sexual Abuse Incident Review Team consists of the Chief Juvenile Officer, Detention Superintendent, Secretary/PREA Coordinator and assigned supervisory staff. There has been no investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on their ORJDD Sexual Abuse Incident Report form that captures all aspects of an incident.

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.

An initial review of the ORJDD Manual of Policies and Procedures requires the collection of accurate, uniform data for every allegation of sexual assault. The ORJDD Detention Superintendent receives the collected data related to PREA from the ORJDD Secretary/PREA Coordinator, forwards the report to Office of State Court Administrator (OSCA) and this information is forwarded to the MDYS PREA Coordinator/Senior Program Administrator. MDYS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of all the 2013-2015 OSCA reports and the 2015 annual report revealed it was completed according to this standard.

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.

ORJDD Manual of Policies and Procedures requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The MDYS 2015 Annual Report is posted on the MDYS Website for public review. The detention facility monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the MDYS website.

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.

ORJDD Manual of Policies and Procedures requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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.

Dorothy Xanos

June 2, 2016

Auditor Signature

Date