PREA Facility Audit Report: Final

Name of Facility: Bissell Hall
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/07/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Lawrence W. Howell	**Date of Signature:** 08/07/2024

AUDITOR INFORMATION	
Auditor name:	Howell, Lawrence
Email:	Lawrence.howell@rop.com
Start Date of On-Site Audit:	06/23/2024
End Date of On-Site Audit:	06/24/2024

FACILITY INFORMATION	
Facility name:	Bissell Hall
Facility physical address:	13298 Bellefontaine Road, Saint Louis, Missouri - 63138
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	Ebony Holden
Email Address:	Ebony Holden@dss.mo.gov
Telephone Number:	314-355-8088

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

Facility Health Service Administrator On-Site	
Name:	Talia Hyde Person/Leah Wheatley
Email Address:	Talia.A.HydePerson@dss.mo.gov Leah.Wheatley@dss.mo.gov
Telephone Number:	314-475-7801

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	21
Average daily population for the past 12 months:	24
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males

Age range of population:	14-18 years
Facility security levels/resident custody levels:	Moderate Secure
Number of staff currently employed at the facility who may have contact with residents:	23
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Missouri Division of Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	3418 Knipp Drive, Suite A-1, Jefferson City, Missouri - 65109
Mailing Address:	
Telephone number:	5737513324

Agency Chief Executive Officer Information:	
Name:	Scott Odum
Email Address:	scott.odum@dss.mo.gov
Telephone Number:	5737513324

Agency-Wide PREA Coordinator Information			
Name:	Judy Parrett	**Email Address:**	judy.parrett@dss.mo.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
2	• 115.313 - Supervision and monitoring • 115.333 - Resident education
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-23
2. End date of the onsite portion of the audit:	2024-06-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Children's Advocacy Centers of Missouri Childrens Division Abuse and Neglect Hotline 1 (800) 392-3738 PREA Hotline (855) 773-6391 Preferred Family Health Care (877) 946-6854

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	21
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Ten of the twenty-one residents were interviewed. They were randomly selected from the resident roster on the day of the on-site portion of the audit. There were no residents, with disabilities, identified (self or by facility staff) as LGBTQI, and/or reported sexual abuse/harassment. The ages of interviewees ranged from 14 to 18 years old. The average age was 16.3 years. All of the youth were male identifying. The PREA Auditor used a triangulation method to assess compliance with PREA standards. This involved resident interviews which were compared with the auditor observations, staff interviews, and documentation reviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	16

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were 23 positions on the staff roster in the PAQ. There were 11 staff hired in the past 12 months. There were 16 staff on the weekly schedule at the start of the on-site portion of the audit. The existing staff were filling open shifts. All of the staff interviewed mentioned working "extra." When asked what shift they worked, one of the interviewees replied, "what shift am I working or what shift am I not working?" Other staff answered with more than one shift when asked what shift they worked. It appeared the staff were working as a team in ensuring staff coverage to maintain the required staff to resident ratios. The facility staff did not identify any contractors or volunteers being involved with the Bissell Hall program.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☑ Other ☐ None
If "Other," describe:	Residents were randomly selected, by the auditor, from the roster on the day of the on-site portion of the audit.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	All of the residents share the same group living area at Bissell Hall. The residents were not separated or divided geographically.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers experienced in conducting a random sample of the Bissell Hall resident population. There were no LGBTQI+ or disabled residents identified by facility staff or that self identified. Also, no residents or staff claimed isolation is in use at Bissell Hall.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as having a physical disability.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There was one resident identified by facility staff, assessment documentation, and self identified as having a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability). He was interviewed in accordance with the PREA protocols. The resident reported and staff reported he was successfully and safely functioning in the Bissell Hall program.
62. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as being Blind or having low vision (i.e. visually impaired).

63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as being Deaf or hard-of-hearing.
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as Limited English Proficient (LEP).

65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no residents identified by facility staff, intake documentation, or self identified as being LGBTQI+. The PVIR assessments were reviewed and there was no evidence of LGBTQI+ residents in the Bissell Hall program.
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as transgender or intersex. All of the residents were asked if there were any transgender and intersex residents at Bissell Hall. They all replied 'no."

67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as having reported sexual abuse in the facility. The auditor reviewed documentation, interviewed staff, and interviewed residents. There was no evidence of any resident reporting sexual abuse in the facility.
68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as having reported sexual victimization during risk screening. The auditor found no evidence residents disclosed prior victimization.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents identified by facility staff, assessment documentation, or self identified as ever being placed in segregated housing/isolation for risk of sexual victimization. The agency policy prohibits the use of segregation and isolation at Bissell Hall.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There was one targeted residents identified by staff, who self-identified, and was noted in assessment documentation.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	10

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Staff were randomly selected, by the auditor, from the staff roster on the first day of the on-site portion. Staff interviewed represented all shifts (24/7) at Bissell Hall. The interviewees experience ranged from 2 months to 10 years. 10 random staff were selected
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The random staff selected were diverse in gender, shift, age, experience, and position level. The auditor experienced no barriers to conducting the appropriate number and representative interviews of the staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7

76. Were you able to interview the Agency Head?	(●) Yes ( ) No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor experienced no barriers in selecting and interviewing specialized staff. The agency made the appropriate staff available and all of the staff consented to being interviewed.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	In accordance with PREA Standards, the PREA Auditor had access to the entire facility, observed program operations, tested critical functions, and had informal conversations with both staff and residents during the on-site portion of the audit. The facility is a multi-level historical building that included the following: Upper level - 2 open bay group living areas with 12 beds each (bunkbed style sleeping), showers, offices, and medical closet. Mid/main level - Rec room, main entry hallway, cleaning supplies closet, day/dining room, kitchen, backdoor. Lower level - equipment storage and laundry room. During the tour and during informal discussions the auditor would ask, "where do the staff sit/stand when kids are in here?" The goal being an evaluation of staff supervision techniques and interactions with the residents. The phones designated for resident use were tested and proved operational. The facility is operated as a staff secure program. The auditor visually inspected and physically tested locks, doors, lights, and privacy curtains. it was determined that residents do have the privacy necessary to meet PREA standards.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	There were no barriers experienced in selecting and gaining access to additional documentation as needed by the auditor. The auditor specifically asked for additional information related to background clearances, resident assessments upon admission, and staff training records.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	00	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse or harassment, therefore there were no investigation files to review.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment investigation allegations, therefore there were no sexual harassment investigation files to review.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No additional comments as there were no sexual abuse and sexual harassment investigations documented or reported by staff, resident, or community based agency.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	CMCG

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** Pre-Audit Questionnaire Bissell Hall Handbook DYS Policy 9.18 Prison Rape Elimination Act DYS Policy 3.23 Ethical Standards of Employee / Youth Relationships Organizational Chart On site PREA related postings **Interviews included:** Random Staff Youth Facility Manager /Administrator (Acts as the PREA Compliance Manager) Agency PREA Coordinator

	Site Review / Observation: PREA / Sexual Abuse Postings Web page: https://dss.mo.gov/reports/prison-rape-elimination-act-reports/ **Provisions:** **115.311 (a)-1,2,3,4,5** Bissell Hall (BH) has a zero-tolerance policy towards any form of sexual abuse or sexual harassment. The purpose of the policy states: "Division of Youth Services (DYS) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within DYS." The Zero Tolerance Policy is available to staff, residents, and members of the public as is posted on the agency web page. The Zero Tolerance Policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment includes sanctions for those found to have participated in prohibited behaviors and includes agency strategies to reduce and prevent sexual abuse and harassment of residents. **115.311 (b)-1,2,3** The agency (DYS) does have a designated PREA Coordinator. The facility PREA duties are overseen by the Facility Manager/Administrator. They all hold upper-level positions and when interviewed they both reported having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the facility. Through staff interviews, PREA Auditor Howell found that upper-level staff understood the PREA standards and how they are implemented at Fulton Treatment Center. Mrs. Ursula Smith explained he had sufficient time and authority to coordinate the facility efforts to comply with PREA standards. **115.311 (c)-1,2,3,4** Bissell Hall meets the standard of having a designated person with PREA Compliance Manager responsibilities in the organizational structure, who has sufficient time to coordinate the facility efforts to comply with PREA standards. Through direct observation during the on-site audit, interviews of both residents and staff, and reviewing resident and staff files it is evident Bissell Hall includes the requirements of this provision in the facility daily operations. Upper-level staff as well as direct care staff could explain the intent of PREA and how it is implemented at Bissell Hall. **The facility meets the requirements of standard 115.311.** **Corrective Action Findings: None**

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in the making of the compliance decision. **Documents reviewed included:** Pre-Audit Questionnaire DYS Policy 9.18 Prison Rape Elimination Act Bissell Hall Youth / Parent Handbook 10 DYS 12 Contracts with Youth Centers **Interviews included:** Facility Manager /Administrator (who serves as the PREA Compliance Manager) Assistant Regional Administrator **Site Review / Observation:** N/A **Provisions:** **Standard 115.312 (a & b)** does apply to Bissell Hall because DYS does contract with other entities for the confinement of youth. The contracts provide evidence of requirement to comply with PREA. The Reception and Diagnostic contracts provide the following statement of work, “The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.), and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by the state agency. The contractor shall, in cooperation and collaboration with the state agency, and in addition to “self- monitoring requirement,” assist with compliance monitoring which could be announced or unannounced and includes “on-site” monitoring. The contractor shall fully cooperate and collaborate with the state agency on any and all audits required under PREA. The contracts for the confinement of youth are with Judicial Circuits throughout the State of Missouri. **Based on a review of contracts, information shared during the staff interviews, and the documents reviewed during the Pre-On-Site, On-Site, and Post On-Site phases of the audit, the facility meets the requirements of standard 115.312.** **Corrective Action Findings: None**

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:
DYS Policy 9.18 Prison Rape Elimination Act
DYS Policy 9.6 Program Supervision
Bissell Hall Staffing Plan
Unannounced Program Visit Form
Facility Schematics
Staff Roster
Resident Roster

Interviews included:
Facility Manager / Administrator
Assistant Regional Administrator
Administrative (Human Resources) Staff
Supervisory Staff
Random residents
Random staff

Site Review / Observation:
Staff to student ratio observations at multiple times throughout the day

Provisions:
115.313 (a) The Facility Manager explained the staffing pattern and the Bissell Hall practice meets the mandated minimum of one staff for each eight youth. The PAQ showed no instances of deviation from the planned staff to student ratio. Through the staff interviews, Auditor Howell found no written shift reports showing short staffing or ratio issues in the daily operations. 10 of 10 residents reported feeling safe at Bissell Hall and that the staff provide adequate supervision of the residents. The agency staffing plan was reviewed by auditor Howell. The document is nine pages and is comprehensive. It includes all elements of a good staffing plan. When reviewing the staff rosters and comparing them to the average student population by month for the past 12 months and taking into consideration a reported low staff turnover rate, Auditor Howell found no obvious reason to believe there had been a deviation from the facility staffing plan. Bissell Hall does use surveillance cameras but not as part of the supervision of residents and staffing plan. Evidence of compliance with this standard was gathered in interviews of the Facility Manager / Administrator, staff from each cottage, and staff from each shift. All interviewees confirmed the staffing plan is developed to protect residents, video monitoring is not part of the plan, and the staffing plan is reviewed weekly by the management team of the facility. When a scheduled staff is absent or for unplanned reasons the staff to resident ratio may be at risk, the Facility Manager / Administrator authorizes overtime to fill temporary vacancies.

115.313 (b) DYS Policy 9.6 requires constant supervision and monitoring of the residents while in the facility. The policy states that the facility maintains staff ratios at all times unless imminent and dangerous circumstances take place that alter the

	ratio. The established ratios are 1:8 during waking hours and 1:16 during sleeping hours. On-site observations by Auditor Howell exceeded the established minimum ratios. Observed ratios were 1:1 and 1:6. **115.313 (c)** The facility roster showed 16 full time staff employed for a current resident population of male identifying residents. Observed staff to student ratios were 1:1 and 1:6. PREA Auditor Howell found no evidence nor was there a report of the staff to student ratio deviating from the maximum ratio of 1:8 daytime and 1:16 nighttime ratio. During random resident interviews, when asked, “How often are staff the with you?” 10 of 10 residents replied that facility staff were present at all times day or night. **115.313 (d)** When interviewed, the Facility Manager / Administrator, Assistant Regional Administrator, they both replied that the staffing plan is reviewed and revised at least annually and when necessary, as a result of the resident population fluctuating. The Facility Manager / Administrator and supervisory staff described meeting daily to make sure staff to resident ratios were appropriate. **115.313. (e)** PREA Auditor Howell did find evidence to support the PAQ that stated higher level supervisors conducted unannounced rounds on all shifts. There were several unannounced rounds forms completed by supervisory staff. The documented examples were reviewed by Auditor Howell. Policy 9.6 page 9.6-4 3.c prohibits staff from alerting the staff members that the supervisory unannounced rounds are occurring. During random staff interviews, the staff explained the unannounced rounds do occur. Frequency was reported as throughout the day and on each shift. Compliance was demonstrated by facility management providing documentation. **Based on the auditor observations, information shared during the staff and resident interviews, and the documents reviewed during the Pre-On-Site, On-Site, and Post On-Site phases of the audit, the facility meets the requirements of standard 115.313. Because there is documentation of unannounced rounds, at various time throughout the day/night, completed by the Facility Manager, dated in calendar year 2021, 2022, 2023, and 2024 the facility EXCEEDS the standard 115.313 (e).** **Corrective Action Findings: None**

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:
PAQ
DYS Policy 9.18 PREA
DYS Policy 5.8 Searches
Division of Youth Services Guide for Physical Searches of Youth in a Residential Setting
DYS Policy 9.6 Program Supervision
Staff training records

Interviews included:
Random residents
Random staff
Supervisor staff

Site Review / Observation:
Classrooms
Administration Areas
Living Units
Common activity spaces (gym, classrooms, hallways)

Provisions:
115.315 (a-c): The staff interviews and a review of the staff training records revealed the staff were appropriately trained on conducting pat down searches in accordance with 115.315 (a, b, and c) Limits to cross-gender viewing and searches. DYS Guide to Physical Searches prohibits cross gender searches unless in exigent circumstances or when a transgendered or intersex youth prefers a cross gender search. All cross-gender searches must be documented. 17 of 17 staff explained and demonstrated the search procedures of Fulton Treatment Center. The search procedure does not include a "pat down" or "strip searches." Staff explained the female staff do not do pat down searches. In exigent circumstances the opposite gender staff would conduct an on the outside of the residents clothing only after receiving approval from the Facility Manager / Administrator or designee. The Bissell Hall PAQ states the facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. Staff responsible for facility searches were consistent in responding that the Bissell Hall follows this provision.

115.315 (d) DYS policies mandate residents are permitted 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. The bathrooms and showering areas were observed during the facility tour. The facility is designed to prohibit cross gender viewing of youth performing such personal actions and the facility practice demonstrated shows compliance: Opposite gender staff announce their presence before entering living units. Youth are provided privacy when changing clothes, performing bodily functions, and showering. Opposite gender staff do not provide direct supervision when youth change clothes, perform bodily functions, and shower. 10 of 10 residents and all of the direct care staff confirmed the residents are permitted to change clothes, perform bodily functions, and shower in privacy.

	115.315 (e) Per DYS Policy and confirmed by Auditor Howell during the staff interviews, facility staff always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, the intake staff review the resident's personal history and medical documents and may determine genital status during conversations with the resident or by learning the information from a medical examination conducted at a medical facility, in private, by a medical practitioner. **115.315 (f)** Bissell Hall training records showed proof of training staff on how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. During interviews staff and residents consistently responded that Youth Center staff do not do pat down searches and the process of having residents empty their pockets and clear their wrist and waist bands was the search practice used. **As a result of auditor observations of the facility design, a review of related policy, responses by staff and residents in interviews, and a review of the resident files, Bissell Hall was determined to follow standard 115.315 (a-f)** **Corrective Action: None**

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 Prison Rape Elimination Act Screening, Intake, and Admissions Policy Section 6 Resident PREA Curriculum PREA Posters Interpreter Contract Information DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures Youth Education "Safety First" PREA Staff Training Module Sign Language Interpretation Services - Statewide **Interviews included:** Random residents

Random staff
Supervisory staff
Facility Manager / Administrator

Site Review / Observation:
Living Unit postings
Administrative Building postings
Classroom postings

Provisions:
115.316 (a) The Bissell Hall staff take appropriate steps to ensure that youth with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include providing access to Interpreters, and written materials provided in formats or through methods that ensure effective communication.
During the resident interviews 10 of 10 (100%) youth interviewed claimed English as their primary language. During staff interviews none of the staff could remember a youth, admitted in the last 12 months, that claimed another language as their primary language.

The Bissell Hall policy addresses the provision of support services for disabled residents and provides the equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and appropriately respond to sexual abuse and harassment. DYS policy prohibits the use of resident interpreters, readers, and other forms of resident assistants except in limited circumstances where an extended delay could compromise a resident's safety, performance of a first responders' duties, or the investigation of the allegations. Facility Manager / Administrator, Youth Specialist, and random staff interviews confirmed knowledge of the policy and process. DYS has a contract for on-demand remote interpreting services as needed.

115.316. (b) During interviews of the staff they explained they do what is necessary to ensure the residents understand the PREA standards and their rights. They made it clear they would only use staff as translators. During the past 12 months, the facility did not have any youth who were assessed as needing interpreting services because they had a disability or were limited English proficient. If they had, the language Access Court provided Language line (language interpreter services with access to 240+ languages) is available by phone and can be accessed by staff 24 Hour per day 7 days per week. The State has a contract for sign language interpretation services as needed. Furthermore, the PREA Audit notice and "Safety First" resident education manuals are printed in English and Spanish. The facility is prepared to ensure equal access to limited English proficient or disabled. This determination of meets standard was made based on interviews of staff, administrators, facility observations, and a review of the residents' documentation.

115.316 (c) The Facility Manager, Assistant Regional Administrator, and direct care

	staff explained Bissell Hall does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations as the practice could compromise the integrity of the reporting process. The facility's staff did have written PREA related information to provide to youth upon admission to Bissell Hall. At the time of the audit there were no residents listed, interviewed, or reported as needing interpreter services or the need for translated PREA related documents. The staff and resident interviews resulted in consistent responses that Bissell Hall had not had a recent need for the use of interpreters or services for residents with a disability that hindered their ability to communicate an allegation related to sexual abuse or harassment. DYS does have and staff are aware of statewide agreements for sign language and for on-demand remote interpreting services as needed. **The facility meets the requirements of standard 115.316.** **Corrective Action: None**

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 2-107 Background Checks Criminal Records and Child Abuse Registry Check Documentation Explanation of Background Check Annual Background Check Results Employment Application & Addendum Self-Disclosure Affidavit Training Records **Interviews included:** Human Resources Staff Assistant Regional Administrator Agency Deputy Director Facility Manager / Administrator Random Staff **Site Review / Observation:** None.

Provisions:

115.317 (a) DYS Policy prohibits hiring or promoting anyone who may have contact with youth and does not use services of any contractor who may have contact with the person if the person: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or has been convicted or civilly or administratively adjudicated or engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The Facility Manager / Administrator confirmed during interviews that the Bissell Hall has not hired, promoted, or contracted with anyone who meets the criteria listed in the above paragraph. A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (b) DYS Policy considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. When interviewed by PREA Auditor Howell, the Human Resource Representative explained that DYS would find out such information through criminal background checks, Family Care Safety Registry, Sex Offender Registry, pre-employment reference checks, and a thorough interview of the applicant for an open position. The Facility Manager / Administrator explained the interview process for hiring, promotions and contract positions. A review of personnel files revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (c & d) Before hiring new employees, volunteer, or contractors who may have contact with youth, the DYS Policy requires hiring staff to perform a criminal background records check, Family Care Safety Registry, Sex Offender Registry, pre-employment reference checks, and a thorough interview of the applicant, and contact all prior institutional employers in search of substantiated allegations of abuse or resignation during a pending investigation of an allegation of abuse. Bissell Hall was able to show documentation that DYS has been conducting background checks, child abuse registry checks, completing reference checks, and attempted to ask previous juvenile institution employers of applicant’s past involvement in PREA related incidents.

115.317 (e) Division of Youth Services policy states the facility conducts criminal background checks of current employees and contractors who may have contact with residents upon hire and annually after. Initially during Auditor Howell's review of background check documentation, however the information was provided before auditor Howell departed the facility. PREA Compliance Coordinator Judy Parratt demonstrated that the missing background re-checks were actually completed, just not included in the initial documentation provided.

115.317 (f) Administrative (Human Resources) staff explained how they asked all applicants and employees who may have contact with residents directly about previous PREA related misconduct described in paragraph 115.317 (a).

	Administrative (Human Resources) Staff explained all candidates complete the DYS Addendum to the DSS Application for Employment which asks, “while working or volunteering at any facility, were you terminated or otherwise disciplined or counseled for sexual abuse, sexual contact with or sexual harassment of an inmate, detainee, client, or resident of the facility?” Similar questions are asked during reference checks. Question #3 asks, “while working or volunteering at this facility, was the individual terminated or otherwise disciplined or counseled for sexual abuse or sexual harassment of an inmate, detainee, client or resident of the facility?” **115.317 (g)** In accordance with this standard, Bissell Hall Facility Manager / Administrator stated in her interview that material omissions regarding such misconduct (PREA related) or the provision of materially false information is grounds for termination of employment. **115.317 (h)** The Human Resources Staff confirmed, unless prohibited by law, DYS provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. Auditor Howell reviewed the second page of the DYS reference check form and confirmed the form asks the questions that meet this standard. In addition, the Facility Manager / Administrator confirmed that the facility does consider all items listed in 115.317(a-h) when making hiring and promotion decisions. **Based on the information received and the documents reviewed in the interviews the facility meets the requirements of standard 115.317.** **Corrective Action: None**

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ Facility Schematics **Interviews included:** Assistant Regional Administrator Facility Manager / Administrator DYS Deputy Director (Agency Head designee) **Site Review / Observation:**

	Observation of the campus operations during the on-site tour. **Provisions:** **115.318 (a-b)** During interviews of the Facility Manager / Administrator and Assistant Regional Administrator both administrators explained there had been no substantial modification to the facility (including upgrades to any camera system) since the last PREA Audit. Some buildings had received minor upgrades and renovations, but none included materials changes to the buildings or grounds. Auditor Howell suggested making meeting notes of PREA considerations when facility renovations are discussed in the future. Bissell Hall is located in the Ft. Bellefontaine Park. **The staff interviews, the on-site tour of the facility, and the schematics provided to the auditor all corroborated that the facility meets the requirements of standard 115.318 (a-b)** **Corrective Action Findings: None**

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 Prison Rape Elimination Act DYS Policy 3.8 Employee Conduct Critical Incident Report and Critical Incident Review Missouri Department of Public Safety Forensic Exam Protocols Letter regarding MOU with Child Advocacy Center MOA # M00294-016 (April 2024) Resident Handbook Map of Missouri’s Network of Child Advocacy Centers Memo from Statewide PREA Coordinator dated February 16, 2022 **Interviews included:** Facility Manager / Administrator Facility Nurse Child Advocacy Center Representative Random staff interviews Random resident interviews Law Enforcement

Site Review / Observation:
Facility postings (Child Help, The Victim Center, Child Advocacy Center)
Brochures available to residents

Provisions:
115.321 (a) DYS Policy 9.18 PREA does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions when responding to allegations of sexual abuse. Random staff interviews revealed the Bissell Hall staff are aware of the physical evidence expectations for First Responders. Page 9 of the DYS PREA policy references the process to refer all allegations of sexual harassment and abuse to outside agencies for investigation. Missouri Children's Division out of Home Investigation Unit investigates sexual abuse/harassment for DYS regarding youth under the age of 18. Children over the age of 17 are referred to Division of Legal Services Investigation Unit. In cases that are criminal in nature the facility manager / administrator would contact the local law enforcement (both Callaway County Sheriff's Department and Fulton Policy Department have jurisdiction and are trained/qualified).

115.321 (b) The DYS policy does follow a protocol that is developmentally appropriate for youth and is current (i.e. adapted from the most recent edition of the US Department of Justice's Office on Violence Against Women publications). Auditor Howell was able to ascertain and confirm the following:
The facility does not conduct administrative or criminal investigations. Allegations are referred to local law enforcement for criminal investigations and OHI (Out of Home Investigations) for administrative investigations. Random staff interviews confirmed an understanding of the facility investigations protocol.

The Child Advocacy Center provides forensic interviews, and the Cardinal Glennon Children's Hospital performs physical examinations in alleged child sexual abuse situations. The practioners are qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. In her interview, the Cardinal Glennon Children's Hospital Emergency Room representative explained she had no knowledge of forensic medical exams, related to Fulton Treatment Center, conducted in the past 12 months.

The Children's Advocacy Center provides outside the facility emotional support and crisis counseling services. During interviews, the Bissell Hall Facility Manager / Administrator and Facility Nurse confirmed their understanding of the protocols following an allegation of sexual abuse.

115.321 (c) In accordance with Bissell Hall Policy, in the event of a PREA related allegation, the supervisor on duty would call local law enforcement for criminal investigation and a facility representative would notify the Children's Advocacy Center and take the victim to the Cardinal Glennon Children's Hospital Emergency Room to conduct a SANE examination. The sexual assault services include sexual assault kits, SANE forensic exams, and testing for sexually transmitted infections. In addition to interview the Children's Advocacy Center Director, auditor Howell

	reviewed the web site and found a comprehensive explanation of the structure of the department, the staff training, and multiple ways they provide and/or coordinate support and forensic medical services to meet the needs of sexual assault victims. In a phone interview, the emergency room representative (Angela), explained there was normally a qualified and trained Facility Nurse Practioner available 24 hours a day. If there was an absence of a youth qualified SANE nurse, they would refer any forensic exams to another qualified emergency room in St. Louis or Kansas City. She reported no knowledge of any forensic exams involving youth from the Bissell Hall during the past 12 months. **115.321 (d)** During an interview of the Children's Advocacy Center Advocacy Center representative, she confirmed they provide intervention and related sexual assault assistance services free of charge. The services include 24 hour per day access for reporting, advocacy, and forensic exam coordination. Children's Advocacy Center s is not an organization that is part of the criminal justice system. Of the residents interviewed, 10 of 10 were able to describe at least one way to access the services in a confidential manner while in Bissell Hall. The answer consistently mentioned by the residents was calling the posted advocacy phone number. **115.321 (e)** The Facility Manager / Administrator and Facility Nurse explained the Bissell Hall does have access to qualified mental health therapists to provide advocacy and emotional support services. In addition, the Hotline remains available 24/7 to support youth as needed. Auditor Howell observed zero tolerance posters with the hotline number in most resident living areas, classrooms, and dining areas. Auditor Howell called the Hotline number from the facility and verified the services available, if a caller could remain anonymous, and if the services were free of charge to residents of Fulton Treatment Center. The Hotline representative confirmed all of the above. **115.321 (f)** The CD-OHI is responsible for conducting all criminal investigations. The Cardinal Glennon Children's Hospital emergency room is responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. Both agencies follow uniform protocols that are age appropriate for youth that are residents of Bissell Hall. The following language is included in a February 16, 2022, internal DYS memo: Missouri Children's Division Out of Home Investigation Unit (CD-OHI) investigates allegations of sexual abuse/harassment for DYS regarding youth under the age of 18. They receive reports through their hot line number made by DYS staff, the youth, parent, guardian or external entity on behalf of the youth. If law enforcement is not already involved, CD-OHI unit contacts the appropriate law enforcement agency to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services. Should law enforcement decline to coinvestigate initially, or if the investigation results in the need for criminal charges, CD OHI refers the case for criminal prosecution. As there was a recent change in the individual who supervises the CD-OHI, a meeting was held with the new supervisor to discuss PREA. The supervising manager over CD OHI unit's name, position and contact information is listed below.

	James ‘Ryan’ Harris Program Manager Children's Division Out of Home Investigation Unit (CD-OHI) Phone: 573-521-8660 The PREA Auditor spoke with Mr. Harris, and he confirmed CD-OHI’s responsibilities in investigating allegations of abuse and his role collaborating with local law enforcement. **1155.321 (g)** Auditor is not required to audit this provision. **115.321. (h)** Bissell Hall is in compliance with standard 115.321 (h) because the Children’s Advocacy Center has access to appropriately trained and a licensed clinician. The facility does not have an agreement for victim support services with Children’s Advocacy Center s. Children's Advocacy Services confirmed they have a relationship with Bissell Hall and have trained staff available 24/7 for advocacy service, emotional support; in accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. **The facility meets the requirements of standard of 115.321.** **Corrective Action Findings: None**

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 Prison Rape Elimination Act Bissell Hall staff training documentation DYS Fundamental Practices DYS Policy 3.80 Employee Conduct DYS Policy 6.1 Programmatic Rights of Youth and Grievance Procedures Hotline Reporting Form Link to DYS Resources web page www.dss.mo.gov **Interviews included:** Facility Manager / Administrator Random staff interviews Random resident interviews **Site Review / Observation:** Facility postings

	Brochures available to residents **Provisions:** **115.322 (a)** DYS Prison Rape Elimination Act Policy 9.18 requires that all allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are investigated by the Office of Out of Home Investigations and criminal investigations are the responsibility of local law enforcement. Interviews of the local law enforcement agency representatives (Callaway County Sheriff and Fulton Police Department) confirmed there were zero reported allegations of abuse or investigations during the past 12 months. There was one allegation of sexual harassment that was unfounded. PREA Auditor Howell did review the documentation related to the one investigation and confirmed the documentation matched the written procedure or PREA standards. Interviews of staff confirmed the staff's knowledge of which agencies are responsible for administrative and criminal investigations in all allegations of sexual abuse and sexual harassment. **115.322 (b)** The DYS Zero Tolerance Policy is in place and explained on the agency web page to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. There were zero referrals in the past 12 months as evidenced by auditor confirmation with the Police Department and Sheriff's Department, interviews with Bissell Hall management, and interviews of random staff and students. As a result of there being no evidence showing allegations during the past 12 months, Auditor Howell asked the Facility Manager / Administrator if there had been any allegations since the last PREA audit. The Facility Manager responded "none." This auditor also reviewed the previous 2020 Final PREA Audit Report for any reported allegations or investigations. A review of the Missouri Department of Social Services website did show the agency's PREA Policy that includes a requirement that all allegations of sexual abuse or sexual harassment are referred to local law enforcement. Technically the Park Rangers have law enforcement authority, but because they are appropriately trained to conduct criminal sexual abuse related investigations, the local Sheriff's Office is the appropriate agency. **115.322 (c)** The DYS PREA policy, CD-OHI, and County Sheriff's Department, and local Police Department protocols govern PREA related investigations. PREA Auditor Howell confirmed with law enforcement that they are the authorized outside agency who conducts investigations into allegations of sexual abuse and sexual harassment. **115.322 (d)** The auditor is not required to audit this provision. **115.322 (e)** Auditor is not required to audit this provision. During staff interviews, including the Facility Manager / Administrator and random staff, it was evident that the facility staff understood the investigation process and were able to explain the process for involving qualified outside agencies to complete administrative and criminal investigations. The staff training records showed the staff received appropriate and current PREA training related to policies to ensure proper referrals of allegations for investigations.

	The facility does meet all of the requirements of standard 115.322 (a-e) **Corrective Action Findings: None**

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 3.18 Training DYS Policy 9.18 PREA Staff PREA Training Module PREA brochure Employee training response to PAQ questions with slide numbers noted. DYS Fundamental Practices annual overview DYS Staff Training document regarding tailored for all genders **Interviews included:** Facility Manager / Administrator Random Staff Specialized staff Human Resources Staff **Site Review / Observations:** Observation of opposite gender staff interaction with residents and public announcements upon entering resident living units. **Provisions:** **115.331 (a)** The Division of Youth Services PREA Policy 9.18 does require that the facility provide PREA related training to all its employees who may have contact with youth. The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility.” The training includes the following: The Zero Tolerance policy for sexual abuse, sexual harassment, How to fulfill their PREA responsibilities under Bissell Hallsexual abuse and harassment prevention, detection, reporting, and response policies and procedures Residents right to be free from sexual abuse and sexual harassment The right of residents and employees to be free from sexual abuse and harassment The right of residents to be free from retaliation for reporting sexual abuse and

	harassment The dynamics of sexual abuse and sexual harassment in juvenile facilities The common reactions of juvenile victims of sexual abuse and harassment How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. How to avoid inappropriate relationships with residents How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities Relevant laws regarding the applicable age of consent (age of consent in Missouri is 17 years) The staff are provided a training that describes the facilities zero tolerance of sexual abuse and harassment. Random staff interviews revealed the staff know the learning objectives of the training (listed in #1-12 above). Auditor Howell reviewed staff training records that included initial training upon hire and refresher training on an annual basis. **115.331 (b)** The DYS policy requires that training is tailored to the unique needs and attributes and gender of the residents at the facility. Bissell Hall provides services to youth who identify as male. All youth are housed together. The staff of the opposite gender receive the same training regardless of what shift they are assigned. Training documentation reviewed by PREA Auditor Howell supports this standard. The training is initiated during new employee orientation and is continued through annual refresher training. **115.331 (c)** The DYS Policy states that the facility documents employees written verification that they receive PREA training and understand their PREA responsibilities. The agency provides refresher training every year. This was confirmed by auditing the employee training files and interviewing the staff. **115.331 (d)** Administrative support staff and the Facility Manager / Administrator provided the auditor with training documentation showing proof the staff acknowledge with their signature that they understand the training they received. This was confirmed by auditing the employee training files. Staff training records of all staff interviewed confirmed they all had completed the training. In the interviews, the staff demonstrated they had a good understanding of 115.331 (a, 1-12) and 115.331 (b, c, d). Furthermore, the training documentation verified the completion of and understanding of the required PREA training. **Auditor Howell interviewed staff, reviewed the training policy, reviewed the training curriculum, and verified training is taking place and determined the facility meets the requirements of standard 115.331.** **Corrective Action Findings: None**

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA DYS Policy 9.19 Volunteers and Community Liaison Councils Volunteer (Practicum) and/or Contractual Provider Cover Letter for Fundamental Practices **Interviews included:** Facility Manager / Administrator Agency PREA Coordinator Random Staff HR Representative **Site Review / Observations:** None **Provisions:** During the facility tour the Facility Manager explained that the volunteer and contractor interaction with the residents has been limited. When asked how Bissell and contractors are trained, the Facility Manager explained the Volunteer (Practicum) and/or Contractual Provider Cover Letter for DYS Fundamental Practices. Auditor Howell Reviewed the training materials and acknowledgements and found them to follow PREA Standards. According to the Facility Manager, there are no contractors or volunteers that have contact with residents. **115.332 (a)** DYS Policy 9.19 outlines the order in which volunteers and contractors are screened and background checked and trained. Policy states that the facility shall ensure that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. **115.332 (b)** Bissell Hall Facility Manager explained all volunteers and contractors who would have contact with residents are notified of the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. She also explained the training was the same as the full-time paid staff. The use of contractors or volunteers has been stopped in the past couple of years, however PREA Auditor Howell was able to review training documentation and acknowledgement forms related to 115.332 (b) that confirmed that volunteers and contractors need to acknowledge they understand the training. **115.332 (c)** When they are used, Bissell Hall does maintain documentation confirming that volunteers and contractors understand the training they have

	received. PREA Auditor Howell was able to review training documentation and acknowledgement forms related to 115.332 (c) that confirmed that volunteers and contractors understand the training they have received. **The facility meets the requirements of standard 115.332 (a, b, and c).** **Corrective Action Findings: None**

115.333	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.5 Residential Care DYS Policy 9.1 Comprehensive Assessment DYS Policy 8.3 Individual Education Program Site Posters Youth / Parent Handbook Safety First Resident Education Materials **Interviews included:** Facility Manager / Administrator Group Leader Intake Staff Specialized Staff Random Staff Random Residents Child Advocacy Center Representative **Site Review / Observations:** Posters hanging in areas commonly used by residents such as: Dormitory (hallways, bathroom, common rooms), Dining areas, Administration, Building hallways, and Intake area PREA materials available to residents, staff, and guests. **Provisions:** **115.333 (a)** DYS PREA Policy 9.18 states that during the admissions process the youth are provided, by staff, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse,

sexual harassment, or sexual activity. This is done through verbal explanation by the intake staff and being provided the appropriate PREA education information in the Safety First PREA materials and included in the Bissell Hall Youth/Parent Handbook.

When interviewed, 10 of 10 residents reported learning of and understanding the Bissell Hall PREA Policy and how to report sexual abuse and sexual harassment. Over the past twelve months 60 youth were admitted to Bissell Hall. Of the 60 intakes 41 of them stayed longer than 72 hours. The intake documents include an acknowledgement signed by each resident that they received and understood the Zero Tolerance policy information. When reviewing resident files, PREA Auditor Howell found no evidence that there were residents who did not receive the required Zero Tolerance Policy information.

115.333 (b) DYS Policy 9.5 Residential Care (page 9.5-2, section d.) states, “Complete Safety-First Training. Information within the training regarding safety, rights and how to report shall be completed immediately upon arrival. The remainder of the training shall be completed within 10 days of arrival.” Through the random resident interviews, Auditor Howell found evidence that 10 of 10 residents had received PREA education upon intake. Auditor Howell discussed with the Facility Manager and Assistant Regional Administrator the importance of resident re-education on a regular basis and shared a PREA compliant resident education video. It was agreed the facility would be compliant with standard 114.333 (b) if they showed the recommended PREA video on a regular basis in all living units. Auditor Howell e-mailed the link to the PREA video to the Facility Manager and Assistant Regional Administrator. This additional new resident education process would a system where no youth would go very long from intake education to re-education.

The resident files show resident acknowledgement by signature of receiving and understanding the Safety First PREA education materials.

115.333 (c) During the intake staff interview Auditor Howell asked how Bissell Hall staff ensured current residents as well as those transferred from other facilities were educated on the facilities PREA Policy. The intake staff confirmed that regardless of where they came from all residents are (upon intake) provided the same resident education about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

115.333 (d) Bissell Hall staff provided Auditor Howell with the resident education materials in formats accessible to all residents at the facility during the audit. The “Safety 1st” resident education materials were available in English and Spanish. When the staff was asked how intakes with limited reading skills could learn the PREA related information they responded the staff would read the print information

	to the resident with the limited reading skills, get an interpreter, or get a bilingual staff to translate the PREA information and show the resident how they can call the hotline number (posted on the walls in many areas) to file a report or request emotional support services. Furthermore, the courts have access to interpretive services for youth with special needs or disabilities including youth who are deaf, speech impaired, blind, or otherwise disabled. It is not Bissell Hall or DYS policy to allow residents to be used as translators for other residents. **115.333 (e)** The Facility Manager and Assistant Facility Manager were able to explain the resident PREA education process. Upon auditor review, all resident files reviewed included documentation including the residents' acknowledgement of receiving and understanding the PREA information. In the resident interviews the youth were able to explain the process consistent with what is written in the facility PREA Policy and what is expected to meet this standard. 10 of 10 residents said they believed they could report allegations of sexual abuse and harassment without being punished or fearing retaliation. **115.333 (f)** During tour and other unobstructed movement within the facility, Auditor Howell viewed PREA posters in the resident living units, classrooms, and common areas. Posters included the name, address, and phone number to report sexual abuse and sexual harassment. Auditor Howell also received a copy of and reviewed the PREA information in the brochure. PREA brochures and postings were observed in common areas of the building and observed in the lobby of Bissell Hall building. Postings include the phone number for the Children Advocacy Service Center 1 (800) 681-1419. The call is toll free and posted in each resident living unit. Auditor Howell called to verify the number was working and would be a resource for residents when they called. The Hotline representative confirmed the intent of and the free services available. **Bissell Hall had PREA information boards, resident art with a PREA theme on the walls, in addition to the mandatory postings. The resident interviews demonstrated the residents understood the fundamentals of PREA. This information along with what was found during staff interviews, a facility tour, and a comprehensive documentation review, the facility was found to EXCEED PREA Standards 115.333 a-f.** **Corrective Action Findings: None**

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.

	Documents reviewed included: PAQ DYS Policy 9.18 PREA Training Documentation **Interviews included:** Facility Manager Assistant Regional Administrator Out of Home Investigations County Sheriff's Department **Site Review / Observations:** None **Provisions:** **115.334 (a)** In accordance with DYS Policy facility staff members are not authorized to investigate allegations of sexual abuse. All investigations are conducted by outside agencies. therefore, this section is N/A. **115.334 (b)** Because abuse investigations are the responsibility of the Missouri Out of Home Investigations (OHI) and local law enforcement Bissell Hall staff are not required to have specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Random staff interviews showed staff are trained on and understand evidence preservation standards. The County Sheriff's Department and OHI staff are trained in the areas necessary to conduct administrative and criminal sexual abuse investigations. This section is N/A. **115.334 (c)** Bissell Hall did not provide documented proof of specialized training because the investigations are completed by outside agencies. This section is N/A. **115.334 (d)** Auditor is not required to audit this provision. Auditor Howell called OHI and confirmed with James "Ryan" Harris OHI is the responsible agency for administrative investigation related to abuse and neglect allegations. He explained that he would collaborate with local law enforcement in cases where criminal conduct is suspected. As confirmed by phone, the County Sheriff's Department is responsible for criminal investigations at Bissell Hall. **The facility meets the requirements of standard 115.334 (a-d).** **Corrective Action Findings: None**

115.335	**Specialized training: Medical and mental health care**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:
PAQ
DYS Policy 9.18 PREA
DYS Policy 3.18 Training
Training Documentation

Interviews included:
Facility Manager
Medical Staff
Assistant Regional Administrator

Site Review / Observations:
None

Provisions:
115.335 (a) DYS Policy 3.18 Section III B. 5 i. d. covers "Medical and Mental Health Care Providers." It references mental healthcare practitioners who work regularly in the Center are required to be trained in their role in prevention, detection, physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations. During interviews, specialized staff gave examples of how they would detect and assess signs of sexual abuse and sexual harassment, preserve evidence, respond professionally to allegations of sexual abuse or harassment, and how to report allegations or suspicions of sexual abuse and harassment. The Auditor confirmed the specialized training completed was appropriate and met standards listed at www.prearsourcecenter.org .

115.335 (b) Bissell Hall medical staff do not conduct forensic exams. The Facility Nurse as well as the Facility Manager confirmed this fact. The Cardinal Glennon Children's Hospital Emergency Room representative confirmed via phone there are appropriately trained and certified SANE medical staff at the hospital conduct the physical exams for Bissell Hall. Children's Advocacy Center staff are trained to complete the forensic interviews. The emergency room Nurse at Cardinal Glennon Children's Hospital confirmed they have SANE trained staff but when none are available, they refer cases to other SANE qualified emergency rooms in St. Louis and Kansas City.

115.335 (c) Auditor Howell interviewed medical health staff at Bissell Hall. The interview results and training documentation showed medical and mental health staff do receive PREA training, however because the facility staff do not conduct forensic exams, there was no proof of that training. Two different Cardinal Glennon Children's Hospital Pediatrics' Department representatives explained they have

	nurses are SANE trained in accordance with standards and their department would handle any sexual abuse referrals from Bissell Hall . When no SANE qualified medical staff are available, they refer cases to other SANE qualified emergency rooms in the St. Louis area. **115.335 (d)** DYS Policy 3.18 Training lists the training requirement for medical and mental health providers. DYS employees must complete “the PREA training for Medical Health Professional Staff.” Contracted medical and mental health staff much complete DYS Fundamental Practices and the PREA Cover Memo. The facility Nurse confirmed that medical staff received specialized mental health training. A review of the training documentation confirmed that the staff have received specialized training. The staff at the local SANE emergency room at Cardinal Glennon Children’s Hospital explained the certified training the nursing staff are required to complete. **Using information from interviews and documentation reviews (training records and policy reviews) the facility was determined to follow PREA Standard 115.335 (a-d).** **Corrective Action Findings: None**

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making of the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 9.5 Residential Care DYS Policy 6.7 Administrative Case Review Missouri DYS Administrative Case Review Report PREA Screening Instrument Form - PREA Vulnerability Information Review (PVIR): Screening Results and Follow up Notification Form Dual Jurisdiction Review Form Facility Health Screen DYS Policy 9.1 Comprehensive Assessment **Interviews included:** Facility Manager Assistant Regional Administrator Nurse Random Residents Random Staff

Staff Responsible for Risk Screening

Site Review / Observations:
There was no intake/admission to observe during the on-site portion of the audit.

Provisions:

115.341 (a) DYS Policy 9.5 describes the admissions and assessment process. The policy does list that within 72 hours of a resident's arrival at the facility, the staff perform screening that uses an objective screening instrument to obtain information about the youth's personal history and behavior (Tool title: PREA Vulnerability Information Review form) to reduce the risk of sexual abuse by or upon another youth. Upon review of the screening instrument form, Auditor Howell determined the screening instrument includes the elements required in provisions 115.341 a, b, and c. During discussions with the site management team and random staff, Auditor Howell inquired about the admissions and assessment process. The staff interviewed consistently explained how the first thing youth do upon admission is spend time with the designated intake staff and receive facility information and education on topics such as PREA.

The Facility Manager explained the facility continues to gather information periodically throughout the youth's stay to reassess housing and supervision assignments based on incidents and periodically for residents who have an extended stay at Bissell Hall.

115.341 (b) DYS Policy 9.5 Residential Care provides direction on how assessments are to be conducted using objective screening instruments within 72 hours of intake (page 2, b. c.) PREA Auditor Howell was provided completed PVIR youth assessments for all residents at the facility at the time of the on-site audit. The PVIR's included past and current residents. There were no deviations observed from DYS policy or PREA standards.

115.341 (c) In accordance with PREA standards the screening instrument in use at Bissell Hall does include the following information:

Prior sexual victimization or abusiveness
Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse
Current charges and offense history
Age
Level of emotional and cognitive development
Physical size and stature
Mental illness or mental disabilities
Intellectual or developmental disabilities
Physical disabilities
The residents own perception of vulnerability
Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain

	residents **115.341 (d)** Through a review of the PVIR, staff interviews, resident interviews and an interview with the Facility Manager and random staff Auditor Howell was able to ascertain that risk assessments were done in all eleven areas listed in 115.341 (c). This information was collected from conversations with the residents and a review of court records, case files, facility behavioral records, and other relevant documentation that is gathered upon the resident's arrival at the facility. The facility met the standard of this section. **115.341 (e)** The Facility Manager and intake staff indicated during interviews that the information obtained during the initial and follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and secure access to prevent exploitation. Employees are only permitted to view the protected information on a need-to-know basis. **Based on the information learned during interviews, related documentation reviewed, and facility plant layout observed, the facility meets the requirements of standard 115.341 (a-e).** **Corrective Action Findings: None**

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 9.5 Residential Care DYS Policy 9.8 Separation DYS Policy 9.28 Developing Relationships PREA Screening Instrument Form - PREA Vulnerability Information Review (PVIR): Screening Results and Follow up Notification Form PVIR Instructions **Interviews included:** Facility Manager Assistant Regional Administrator Random Residents Targeted Residents Random Staff

Staff Responsible for Risk Screening/Intake

Site Review / Observations:
Intake and Assessment area.
Facility Tour - no isolation rooms were observed.

Provisions:

115.342 (a) DYS Policy explains that the facility uses all information obtained during intake screening to make housing, bed, program, education, and work assignments for youth. The PVIR screening tool does provide an objective tool to aide in deciding housing, bed, program, education, and work assignments. Despite resident rooms being open dorm style multi-person occupancy rooms, housing assignments are discussed anytime there is an incident and moving residents bed assignment is considered an intervention/option to keep residents safe and free from violence and/or abuse.

115.342 (b) DYS Policy 9.8 Separation dictates that a resident may be isolated only as a last resort when less restrictive measure are unavailable to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. If a resident is isolated the Bissell Hall staff shall clearly document the basis for the concern for the resident's safety and the reason why no alternative means of separation can be arranged. During the on-site phase of the audit the PREA Auditor walked freely through the facility and was given access to all areas as requested. There were no extra rooms or offices that could be used to isolate a resident. At no time were isolation areas or isolation practices observed.

According to the Facility Manager and Assistant Regional Administrator, if a youth were to be isolated for safety purposes, the reasons would be documented. The resident would be put on 1:1 supervision and may be transferred to a different cottage. Even in times of 1:1 supervision or separation regular program activities would continue. Full program activities such as regular meals, education, medical, and psychological services. Auditor Howell found no reported incidents that required isolation or documentation of isolation.

115.342 (c) The Facility Manager / Administrator, and Assistant Regional Administrator explained the facility does not place LGBTQI residents on a special housing status/assignment or identification status as an indicator of vulnerability for sexual assault or harassment. Auditor Howell was able to interview zero LGBTQI residents (0 identified by staff and 0 self-identified). The facility staff reported that when LGBTQI youth were in the program they would always refrain from considering lesbian, gay, bisexual, transgender, intersex, or questioning (LGBTQI) identification or status as an indicator or likelihood of being sexually abusive. Random staff interviews and a targeted resident interview revealed no special housing based on how a resident gender identifies.

115.342 (d) The Random Staff, Intake Staff, Supervisors, Facility Manager / Administrator, and Facility Nurse reported suspicion, but no confirmation of LGBTQI

	identifying residents in the facility during the past 12 months. The administrative staff interviewed stated the bed/housing assignments are made on a case-by-case basis and as with all youth the assignment would be based on resident choice while ensuring the residents health and safety, and whether placement would present management or security problems. The observed staff to resident ratio during the on-site portion of the audit never went beyond the required 1:8 ratio. During the on-site portion of the audit, Auditor Howell observed the facility staff to resident ratio to follow PREA standards 100% of the time. **115.342 (e)** The Bissell Hall program is designed for a longer-term length of stay and the average length of stay is 151 days. The Facility Manager explained that residents are reassessed at least every six months. During the on-site portion of the audit 0 resident was suspected by staff and 0 self-identified as LGBTQI during interviews. Regardless of who was at the facility during the audit, the BH practice of reassessing residents every six months meets the standard that transgender and intersex residents programming is reassessed at least twice per year. **115.342 (f)** At the time of the audit there were residents who identified as LGBTQ at the facility, therefore the auditor did interview residents in respect to them feeling like their own views were being considered in regard to housing assignments. The facility's screening instrument (PVIR) used for all admissions does take into consideration the residents own views with respect to his or her own safety. Due to the strong staff to resident ratios and the open bay design of the living areas Auditor Howell determined there was plenty of space and staff to safely house and program juvenile residents. **115.342 (g)** All residents shower privately out of view from other youth and from the direct observation of staff. This practice would allow transgender and intersex residents the opportunity to shower separately from other residents. During the facility tours PREA Auditor Howell observed the shower areas in each residential living area. The shower areas provide privacy curtains, and the shower practice and protocols consider the individual privacy of the resident while showering and changing clothes. All staff and residents, in individual interviews, explained the same shower process that afforded privacy to the resident showering. **115.342 (h)** Bissell Hall does not use isolation, but DYS policy requires all DYS staff document any student isolation or separation including 1. The basis for the facilities concerns for the resident's safety. 2. The reason why no alternative means of separation can be arranged. Neither staff or resident reported the use of isolation at Bissell Hall. **115.342 (i)** According to the Facility Manager and the supervisory staff, in a case of a resident that is isolated as a last resort when less restrictive measures were inadequate the facility staff would put the resident on 1;1 supervision and could move the resident to another cottage. The PREA standard regarding the need for regular reviews to allow for continued separation from others would not apply. **Based on the information learned in the interviews, document reviews, and the observations of the auditor, Bissell Hall follows standard 115.342**

	(a – i). **Corrective Action Findings: None**

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 3.80 Employee Conduct DYS Policy 9.18 PREA DYS Policy 6.1 Programmatic Rights of Youth & Grievance Missouri Division of Youth Services Hotline Form Memo James 'Ryan' Harris, Program Manager PREA Resident Curriculum – Safety 1st Bissell Hall Student Handbook Ways to Report Abuse RsMO 210.115.1 DYS Minimum Standards for Youth-Parent Handbooks **Interviews included:** Facility Manager Intake Staff Random Residents OHI Representative Random Staff **Site Review / Observations:** Intake assessment and orientation area. Facility Tour **Provisions:** **115.351 (a)** Bissell Hall provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. In interviews, the Bissell Hall staff and residents explained the residents have the following options to report: Report to any staff (verbal or in writing using the grievance procedures or other means) Report to a third party Report in writing

	Report verbally Reporting anonymously is permitted Reporting staff misconduct without having to first attempt to resolve the complaint with any Youth staff. Auditor Howell observed posters with the hotline phone number in areas residents had access to. Auditor Howell tested phone number and confirmed the number provided access to confidential resources outside the facility. The areas where the posters were present included living units, classrooms, hallways recreation and dining areas. Also observed were grievance boxes where youth could put a note asking to speak with someone. In Random resident interviews, 10 of 10 youth could explain at least 2 ways to report sexual abuse and/or harassment. 10 of 10 explained they would tell a staff or a parent/guardian. **115.351 (b)** Bissell Hall provides at least one way for residents to report sexual abuse or harassment accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. 10 of 10 random staff responded they believed they could report in more than one way. Per Anonymous and third-party reports may be submitted and would be accepted. Phone numbers of multiple advocacy centers were posted throughout the residents living areas and posted throughout the facility. This phone number was tested and confirmed from the facility by Auditor Howell. The Hotline operator confirmed the Hotline procedures for taking and processing a call from Bissell Hall. The Hotline is available 7 days per week and 24 hours per day. Anonymous calls are accepted. 10 of 10 residents gave examples of "how" they would report to a Third Party. 100% of resident responses included the resident pointing to a wall posting, that listed a phone number, and explaining how they were instructed how, by using the designated phone in the living unit, they could call the hotline or a family member, or verbally report to a trusted staff member. The Bissell Hall does not detain residents solely for the civil immigration purposes. **115.351(c)** In accordance with DYS Policy, any staff member shall accept reports of sexual abuse and sexual harassment from a detained juvenile or a third party, whether verbally or in writing, and shall promptly document any verbal reports. This was evident in the staff and resident responses during the in-person interviews. When asked about documenting verbal reports of sexual abuse and sexual harassment all of the non-supervisory staff responded that they would immediately share the report with their supervisor and once the residents had been determined safe (i.e. separated from the alleged aggressor and free from retaliation) the staff would document what they were initially told. The Facility Manager and Assistant Regional Administrator also confirmed the process for accepting allegations from residents as well as third parties. **115.351 (d)** Bissell Hall provides residents access to grievance forms and writing instruments to privately make a written report. Auditor Howell observed grievance forms available and 10 of 10 residents reported access to writing instruments and the privacy to complete a form if necessary. In interviews all of the residents

	reported that they believed they could file a confidential grievance or allegation of sexual abuse or harassment. The Bissell Hall staff can submit reports of allegations of sexual abuse or harassment of residents by submitting a report to the on-site administrators and by calling the Child Abuse Hotline. The staff interviews revealed the staff understand the multiple reporting avenues they have and what the expectations are. They all mentioned the posted Child Abuse Hotline posters. **115.351 (e)** Bissell Hall has established procedures for staff to privately report sexual abuse and sexual harassment of residents. During staff interviews all interviewees gave the posted hotline phone number as an example of a way to privately and confidentially report. Staff also discussed learning the process in their initial PREA training. Auditor Howell reviewed a memo from James 'Ryan" Harris, Program Manager in the Children's Out of Home Investigations Unit (CD-OHI). The memo included the following explanation: *"Missouri Division of Youth Services' (DYS) youth and parents or guardians are provided a youth/parent handbook which includes the Missouri Children's Division Child Abuse and Neglect hotline numbers: Missouri: 1-800-392-3738 National: 1-800-4achild and a link to DYS internet site: www.dss.mo.gov/dys where the hotline can also be located. The Children's Division Child Abuse and Neglect Hotline (CA/NHU) is a toll-free telephone line which is answered seven days a week, 24 hours a day, 365 days a year. For hearing and speech impaired, they can contact Relay Missouri 1-800-735-2466/voice or 1-800-735-2966/text phone. Reports made by the youth or other person to the Missouri Children's Division Child Abuse and Neglect hotline are referred to the Missouri Children's Division Out of Home Investigation Unit (CD-OHI) who investigates allegations of abuse and neglect. Youth are allowed access to the telephone to make such calls. The supervising manger over CD OHI unit's name, position and contact information is listed below."* **Based on the information learned in the resident and staff interviews, document reviews, and the observed facility postings, the facility meets the requirements of standard 115.351 (a – e).** **Corrective Action Findings: None**

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:
PAQ
DYS Policy 9.18 PREA
DYS Policy 6.1 Programmatic Rights of Youth & Grievance
Youth / Parent Handbook

Interviews included:
Facility Manager
Assistant Facility Manager
Random Residents
Random Staff

Site Review / Observations: N/A

Provisions:
115.352 (a - g) This standard does not apply to Bissell Hall because the facility does not have administrative procedures to address resident grievances regarding sexual abuse and harassment. The policy and procedure is confirmed in Policy 9.18 Page 9.18-9 section E. c. which reads:

“DYS does not have an administrative procedure to address youth grievances regarding sexual abuse. In accordance with DYS Policy 6.1 Programmatic Right of Youth and Grievance Process, complaints of sexual abuse and sexual harassment initiated by the youth completing a "Division of Youth Services (DYS) Youth Grievance or Complaint Form" (DYS: F6-1) shall be reported and investigated in accordance with DYS Policy 3.8 Employee Conduct and this policy. The PREA Compliance Manager shall provide a copy of the grievance form reporting sexual abuse and sexual harassment to the Statewide PREA Coordinator and maintain a copy of the grievance form on site with the investigation documents.”

Because the Bissell Hall does not conduct any investigations and any grievance related to sexual abuse and harassment would be turned over to the authorities (Children's Division, OHI, Sherriff’s Department), they are considered exempt from the standards listed in # this section. However, the policy does address emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse would be reviewed for immediate corrective action.

The Facility Manager did place a high level of priority related to appropriately communicating with residents on all resident safety concerns. This was observed by Auditor Howell while on the facility tour and while on site conducting interviews and observing overall operations. Staff were interacting with the residents and participating in activities with them instead of just watching them. Staff knew all of the students by their first name and easily had casual conversations with them. Management staff had a positive rapport with both the students and direct care staff. Furthermore, the staff and resident interviews revealed a trust level between staff and residents. In interviews, many students said they trusted staff would follow through with any complaint, grievance, or report would be handled in a timely and professional manner.

	As a result of the auditor observations while on campus, reviews of resident grievance procedures, and interviews this auditor has determined the facility meets the requirements of standard 115.352 (a – g). **Corrective Action Findings: None**

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 6.2 Legal Representation DYS Policy 6.5 Youth's Visit, Mail, Telephone PREA Postings Facility Schematics Resident PREA Curriculum MOU – DYS and Child Advocacy Center Bissell Hall PREA Pamphlets Bissell Hall Student Handbook **Interviews included:** Facility Manager Assistant Regional Administrator Intake Staff Supervisory Staff Random Residents Children's Advocacy Center Representative **Site Review / Observations:** Telephone locations and resident ability to make confidential calls. Rooms provided for confidential resident meetings with lawyers, advocates, and parents **Provisions:** **115.353 (a)** Bissell Hall Policy outlines how all residents have access to outside confidential support services related to sexual abuse and harassment. The facility provides information through living unit and common area building postings that include mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis

	organizations. 10 of 10 residents interviewed confirmed they believed they could request a private call to outside support services. When interviewed, the residents confirmed they could ask for privacy when speaking with their attorney or an outside advocacy service. Direct care staff, administrative staff, and the Nurse were interviewed and asked about this provision. They all confirmed residents would be provided private and confidential phone calls upon request. Auditor Howell observed and called to confirm the phone number posted in the resident living areas, dining room, and classrooms. The facility also provides residents with information about outside victim advocates for emotional support services with postings explaining their right to services. Auditor Howell called the phone number on the brochure and spoke to a hotline staff about the confidential services offered to callers. The representative reported no knowledge of any calls on record from the Bissell Hall in the past 12 months. Bissell Hall does not provide services for youth detained solely for civil immigration purposes; therefore, no postings or brochures include contact information for immigration services. **115. 353 (b)** 10 of 10 residents reported during their interviews that upon admission they received information on how to access outside confidential support services and that they believed they could make confidential calls upon request. 10 of 10 residents, the Facility Manager, and Nurse confirmed the residents are informed of the mandatory reporting rules, governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Auditor Howell observed the PREA posters with toll free numbers to access confidential support services. Auditor Howell tested the phone numbers from the facility phone designated for resident use. The phone call went through as designed. The Hotline operator confirmed the process was established, working, and had no knowledge of any calls from this facility in the past 12 months. 100% of direct care staff and 100% of the administrative staff confirmed in their respective interviews that the resident phone calls could be made in a confidential manner upon request. **115.353 (c)** The Children's Advocacy Center provides the Bissell Hall residents with confidential emotional support services related to sexual abuse and harassment. Services are free of charge and can be provided in person or by phone. Auditor Howell confirmed the services are available and applicable to PREA Standard 115.353 by internet research and calling and speaking with the Children's Advocacy Center representative. DYS and CAC have an MOU for PREA related services for residents. **115.353 (d) I**n accordance with DYS Policy, the Bissell Hall does provide residents with reasonable and confidential access to their attorneys or legal representation, parents, and legal guardians. Residents are informed of this right upon admission. Intake staff explained residents are verbally told to request a call or meeting. The Resident Handbook explains the residents have a right to visit in private with their

	lawyer. In-person visits from parents and legal guardians are permitted. In the interviews 100% of residents all reported feeling safe at the Bissell Hall and that they could make confidential contact with legal representatives or other outside service resources to receive emotional support services as needed. **The documentation reviewed, information received through interviews, and what was observed on the tour of the facility led Auditor Howell to determine the facility meets the requirements of standard 115.353 (a – d).** **Corrective Action Findings: None**

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 6.2 Legal Representation DYS Policy 6.5 Youth's Visits, Mail and Telephone PREA Postings Sexual Abuse and Assault Brochure DYS website http://mo.gov/dys/ DYS complaint web page http://AskDYS@dss.mo.gov **Interviews included:** Facility Manager / Administrator Assistant Regional Administrator Random Residents Random Staff **Site Review / Observations:** Facility postings **Provisions:** **115.354 (a)** DYS Policy describes the procedures for to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a youth. DYS facilities allow receiving PREA allegations in writing, verbally, or anonymously from Legal Counsel, Parents, and Guardians. DYS Internet page http://dss.mo.gov/dys/ allows for the public to report resident sexual abuse or harassment through the Children's Division Hotline link that is

	provided on the site. For other complaints or to report sexual abuse or harassment regarding youth aged 18 and older, individuals can send a complaint through “Ask DYS” at AskDYS@dss.mo.gov . Random staff interviews revealed the staff are aware of the Third-Party reporting expectations. 10 of 10 staff reported they would accept a Third-Party report and follow the DYS procedures. During interviews, all of the residents explained there was someone outside the facility they could report an allegation of sexual abuse or sexual harassment. When contacted by Auditor Howell, the Hotline representative explained they would accept a Third-Party report of sexual abuse or harassment. **Through interviews, observing the on-site wall hangings, reviewing related policies, and verifying the web links it was determined the facility meets the standards listed in 114.354.** **Corrective Action Findings: None**

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 3.8 Employee Conduct Section III C DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct page 3 PREA Posters **Interviews included:** Facility Manager PREA Compliance Manager Medical and Mental Health Staff Random Residents Random Staff Hotline Representative Intake Staff **Site Review / Observations:** Facility Postings **Provisions:**

115.361 (a & b) Agency policies require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Policy 3.8 Employee Conduct page 3 section C. states, “Employees are required to report suspicious or inappropriate conduct of other employees. Whenever a DYS employee has reasonable cause to suspect an abusive or neglectful incident has occurred, they should report immediately as outlined below. This includes, but is not limited to, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility, even if external to DYS; any retaliation against youth or employee for having reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and harassment, including third-party and anonymous reports, must be investigated. The applicable law referenced is 210.115.1 of the Revised Statutes of the State of Missouri.

115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, according to DYS Policy 3.8 Employee Conduct Section III. A. 13. the agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff must abide by all applicable child abuse reporting laws. Section 210.1115 RSMo.

115.361 (d) The Bissell Hall does have medical and access to mental health staff. Through interviews, Auditor Howell confirmed both the mental health and medical practitioners understand they are required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. The Nurse interviewed reported she is required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. The Children’s Advocacy Center Director reported the mental health advocates had the same duty to report.

115.361 (e) In accordance with Policy 9.18 and 3.8, upon receiving any allegation of sexual abuse or neglect, the Facility Manager or designee shall call the Child Abuse Hotline and local Law Enforcement. In addition, the facility head shall promptly notify the alleged victims’ parents or legal guardians and his or her attorney and Court caseworker. If the juvenile court retains jurisdiction of the alleged victim, the assigned court representative is notified by the Facility Manager / Administrator. Though the PREA Audit interview process, Auditor Howell learned the Facility Manager and Assistant Facility Manager have a good understanding of the reporting processes.

115.361 (f) in the past 12 months, there were zero allegations of sexual abuse that required a call to the investigative authorities. Interviews of key staff and a review of related policy demonstrate the facility is aware of the requirements to

	immediately report all allegations of sexual abuse and sexual harassment, including third party anonymous reports, and to the local law enforcement. **Based on the information found through documentation reviews, interviews, and facility postings the facility meets the requirements of standard 115.361 (a-f).** **Corrective Acton Required: None**

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 **Interviews included:** Facility Manager Random Residents Random Staff **Site Review / Observations:** Facility Postings **Provisions:** **115.362 (a)** Interviews of random staff as well as administrators revealed 10 of 10 random staff understood that when anyone learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident. DYS Policy 9.18 PREA supports this standard (115.362). All staff interviewed discussed separating a resident that was at risk. Because the facility does not utilize isolation the separation procedures shared by staff included changing room assignments so alleged victims and perpetrators would be on separate living units and providing one on one supervision to both individuals. If the alleged perpetrator is a staff, he/she would be suspended from working directly with the residents until the investigation is complete. Staff interviews confirmed that Bissell Hall management would remove the person (staff or resident) who is causing the imminent risk of sexual abuse or harassment. During resident interviews the residents expressed trust in the facility reporting and response process. In interviews staff were able to explain the process of receiving a

	report, making a report, who to report it to, separating the alleged victim from the perpetrator, protecting evidence, and documenting the process. In their interviews, the staff of the facility appeared to have a good working knowledge of provision 115.362. **Based on information received from interviews, documentation reviews, and public postings, the facility meets the requirements of standard 115.362.** **Corrective Action Required: None**

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision: **Documents reviewed included:** PAQ DYS Policy 9.18 – Section III F5 Hotline Forms Printed Notification E-mails **Interviews included:** Facility Manager Assistant Regional Administrator Regional Administrator Supervisory Staff Random Staff **Site Review / Observations:** None **Provisions:** **115.363 (a)** In accordance with Policy 9.18 section III. F. 5, if the allegations are involving sexual abuse that occurred while confined at another facility, the Facility Manager must notify the Facility Manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the Facility Manager. At Bissell Hall the Facility Manager is aware of the expectations and acts as the PREA Compliance Manager, therefore it was determined that the Bissell Hall is following this standard.

	In the past 12 months there have been no incidents of a resident making allegations of sexual abuse while in the care of another facility. Auditor Howell reviewed documentation showing that appropriate notifications were made by the Bissell Hall staff in accordance with PREA Standards. **115.363 (b)** Policy 9.18 section III. F. 5, if the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. **115.363 (c)** Auditor Howell reviewed written confirmation of the Bissell Hall Facility Manager making the appropriate notifications (in the incidents listed in 115.363 a.) within 72 hours of receiving the allegations. **115.363 (d)** DYS Policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months there were no allegations received from other agencies. **Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 155.363 (a-d).** **Corrective Action: None**

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision: **Documents reviewed included:** PAQ DYS Policy 9.18 – PREA DYS First Responder Protocols for Sexual Abuse DYS Policy 6.1 Juvenile Rights DYS Policy 3.8 Employee Conduct **Interviews included:** Facility Manager Assistant Regional Administrator Random Staff **Site Review / Observations:** None

	Provisions: **115.364 (a).** All available staff were interviewed by Auditor Howell. Staff not interviewed were on leave or vacation. Each staff was asked what they would do upon learning of an allegation that a resident was sexually abused and they were the first staff member to respond to the report. All responded that they would separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, (if the abuse occurred within a time period that still allows for the collection of physical evidence), ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating (if the abuse occurred within a time period that still allows for the collection of physical evidence). **115.364 (b).** DYS Policy 9.18 and the First Responder Protocols for Sexual Abuse require that if the first staff responder is not a security staff member, the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. This is also supported by the DYS Fundamental Practices curriculum (page 3): *"When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, RSMo, peace officer or law enforcement official, or other person with the responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division."* **Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 115.364.** **Corrective Action Required: None**

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in the making the compliance decision: **Documents reviewed included:** PAQ DYS Policy 9.18 PREA Coordinated First Responder Plan **Interviews included:** Facility Manager Random Staff First Responder Staff **Site Review / Observations:** None **Provisions:** **115.365 (a)** The DYS Coordinated First Responder Plan provides specific guidelines for a staff's response to allegations of sexual abuse and sexual harassment. The plan includes each position's role and specific action they are expected to take including first responders, mental health staff, administrators, and leadership. The Facility Manager and Assistant Regional Administrator both explained the Coordinated Response Plan. In other interviews, random staff were able to also articulate the process. **Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 115.365.** **Corrective Action Required: None**

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA Staff files **Interviews included:** Agency Head Designee

	Facility Manager Assistant Regional Administrator Random Staff **Site Review / Observations:** None **Provisions:** **115.366 (a)** There was a previous labor agreement between the State of Missouri Departments of Social Services and Health & Senior Services (Division of Senior and Disability Services and Division of Regulation and Licensure - Sections for Long Term Care and Child Care Regulation) and Office of administration (Division of Facilities Management design and Construction) and Communications Workers of America (CWA) Local 6355, AFL-CIO. It has expired and did not exclude the facility's authority to suspend, transfer, or terminate staff with appropriate cause. During the interview of the Agency Head designee, it was explained any new agreement would be in compliance with PREA standards. Interviews of the Facility Manager, Agency Head designee, and the Assistant Regional Administrator provided no evidence that the collective bargaining processes limits PREA compliance. A review of staff records showed no evidence of non-compliance with this standard. **115.366 (b)** The auditor is not required to audit this provision. **Through staff interviews and file audits, PREA Auditor Howell determined the facility meets the requirements of standard 115.366.** **Corrective Action Required: None**

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct DYS Retaliation Monitoring Form Staff files **Interviews included:**

Agency Head Designee
Facility Manager
Assistant Regional Administrator
Youth Services Supervisor
Random Staff
Staff Designated for Monitoring RetaliationResidents

Site Review / Observations: None

Provisions:

115.367 (a) DYS Policy 9.18 PREA Section III F6 provides for designated staff provide protection against retaliation to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. At Bissell Hall the Facility Manager and the Youth Service Supervisor are the staff designated to monitoring retaliation against staff or residents that report sexual abuse or harassment.
Staff members designated as responsible for monitoring retaliation are the site supervisor or designee which at this facility is the Facility Manager and other designated staff (Group Leader, Youth Services Supervisor, etc..).

115.367 (b) The agency employs multiple protection measures for staff and residents that fear retaliation for reporting sexual abuse or sexual harassment. Measures include bed assignment moves, removal of alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation. During the on-site audit, PREA Auditor Howell asked the Facility Manager reasons that would necessitate the movement of residents from one cottage to another. Facility Manager explained how the staff would discuss and agree on any moves to avoid incidents based on disagreements / conflicts between peers. This was not sexual abuse or sexual harassment related; however, it was a demonstration that the facility could implement proactive protection/intervention measures to avoid negative incidents among the residents.
According to Policy 9.18, “for 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation.”

At Bissell Hall the monitoring steps include reviewing facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation.

115.367 (c, d, e) The Bissell Hall management team is responsible for protecting staff and residents who report sexual abuse and sexual harassment. In accordance with DYS Policy 9.18 , for at least 90 days (or until when the allegation is unfounded): the designated manager (Facility Manager) is tasked with protecting residents from retaliation. The person charged with monitoring the staff and residents for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews or

	reassignment of staff. This Facility Manager and/or designee are expected to conduct periodic status checks on the alleged victim and act promptly to remedy any retaliation. Auditor Howell was able to review documentation on the one investigation in the past 12 months to evaluate compliance with this standard. Interviews of the key staff designated as those responsible for monitoring for retaliation resulted in the individuals interviewed being able to explain measures they would take to protect residents. **As a result of the evidence considered (interviews, policy review, and staff file reviews), the facility meets the requirements of this standard 115.367 (a-e).** **Corrective Action Required: None**

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA DYS Policy 9.80 Separation Facility Schematic Incident reports Resident Files **Interviews included:** Facility Manager Medical and Mental Health Staff Assistant Regional Administrator Random Staff Random Residents **Site Review / Observations:** Facility tour that included all areas (inside and out). **115.368 (a)** Bissell Hall does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. As observed on the facility tour, the facility does not utilize segregated housing in the living unit. If separations were a recommended course of action, the Assistant Regional Director and the Facility Manager develop a plan to protect the resident

	that did not include isolation. If no other alternative was available, the resident could be moved to a different cottage to protect the resident. As reported on the PAQ, given as responses during staff and student interviews, and discussions with investigative agencies, in the past 12 months the number of residents who allege to have suffered sexual abuse who were placed in isolation is zero. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services was zero. The average period of time residents who allege to have suffered sexual abuse who were then held in isolation to protect them from sexual victimization is zero. Evidence considered in making a compliance decision included the following: documentation reviewed to determine compliance included incident reports and resident case files to determine if isolation is used at all at Bissell Hall. Interviews included administrators, random staff, and residents. Observations included each building on campus to determine if there was an isolation area. On the facility tour Auditor Howell observed inside and outside of every building including areas that were locked or appeared to not be in use (closets, storage areas, etc..). There was no evidence that isolation is used at the facility. As a result of the evidence considered, the facility meets the requirements of standard 115.368. Corrective Action Required: None

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA DSS HR Retention Schedule re: Discipline DYS Policy 3.80 Employee Discipline Sample OHI Investigation Report Redacted Staff Files **Interviews included:** Facility Manager Random Staff Agency Deputy Director Agency HR Representative

Agency PREA Coordinator

Site Review / Observations:
N/A

Provisions:

115.371 (a) When interviewed the Facility Manager explained that when an allegation is made, they first ensure the alleged residents involved are safe and the potential crime scene is not disturbed. Facility staff then call the Hotline, OHI, and law enforcement as soon as possible. When asked specifically how long it takes to initiate an investigation the management team (Facility Manager and Assistant Regional Manager) replied, “asap.”

At Bissell Hall, the investigating authorities are local law enforcement for criminal investigations and OHI for administrative investigations. It is noteworthy that two law enforcement agencies have jurisdiction (the Park Rangers and County Sherriff’s). The Sheriff’s Department has appropriately trained sexual assault investigators. The Missouri Children’s Division of Out of Home Investigations (OHI) conducts administrative investigations. The Agency Deputy Director, Facility Manager and the Assistant Regional Manager said anonymous or third-party allegations would not be treated any different than any other allegation of sexual abuse or harassment.

115.371 (b & c) Bissell Hall refers all investigations related to sexual abuse and sexual harassment to the Missouri Children’s Division of Out of Home Investigations (OHI) and local law enforcement. When contracted by Auditor Howell the County Sheriff’s Department and OHI representatives confirmed the departments investigative responsibilities at Bissell Hall.

From discussions with law enforcement representatives, Auditor Howell was able to confirm the investigation process includes:

Investigators are required to stay current on sexual assault training techniques and relevant information.
Training includes:
Techniques for interviewing juvenile sexual abuse victims.
Proper use of Miranda and Garrity warnings.
Sexual abuse evidence collection in confinement settings.
The criteria and evidence required to substantiate a case for administrative or prosecution referral.
The investigation process, including gathering of evidence.
Investigation relate to juveniles are initiated immediately upon receiving a report.
Third party or anonymous reports of sexual abuse or sexual harassment are not handled any different.
The District Attorney's office is consulted throughout all investigations in case prosecutions are the end result of the investigations.

During an interview of the Children’s Advocacy Center representative, they

	explained they work closely with the investigators from law enforcement during sexual abuse investigations involving juveniles. The hospital representative explained how the SANE certified staff are trained on implementing rape kits and training, evidence preservation and how they collaborate on individual cases involving alleged sexual assault. **115.371(d)** Bissell Hall management staff (Facility Manager and the Assistant Regional Administrator) reported in separate interviews that the facility administrators would refrain from terminating an investigation solely because the source of the allegation recants the allegation, or the alleged abuser or victim departs from the facility. Because the facility did not have any closed investigations reported in the past 12 months, Auditor Howell could not ascertain a reason to determine non-compliance with this provision. Additionally, the local law enforcement agency reported they do not terminate investigations solely because the source of the allegation recants the allegation. **115.371 (e)** The facility reported zero allegations of sexual abuse or harassment, therefore there were zero investigations for the auditor to review. The facility management staff did report they would do nothing related to an on-going investigation unless it was pre-approved or requested by the investigating agency. This would include compelling interviews. Prior to taking steps that will be included in a criminal prosecution, the local law enforcement department consults the Prosecuting Attorney's Office throughout all sexual assault investigations. This constant communication allows the investigators to receive consultation on processes such as whether to conduct compelled interviews. **115.371 (f)** The Bissell Hall staff accept all allegations of abuse or harassment regardless of the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff. All allegations are reported to the Hotline, OHI, and also to the County Sheriff's Department. When interviewed, the Facility Manager confirmed the facility does not judge the person or the allegations, nor require a polygraph or other truth telling device as a condition for proceeding. She stated they immediately would forward all allegations of sexual abuse and sexual harassment to the proper authorities as listed in facility policy. **115.371 (g)** In accordance with Policy 9.18 Page 9.18-16 section J.1.a, "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using Critical Incident Review Form F9-71, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include supervising Deputy Director, Regional Administrator (RA), Assistant Regional Administrator (ARA), Facility Manager(s) and Youth Group Leader(s), with input from investigators, and medical or mental health providers." **115.371 (h)** Because there were zero investigations, Auditor Howell was unable to determine compliance or non-compliance as to whether criminal investigations were

	documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. **115.371 (i)** In accordance with Bissell Hall policy, all criminal investigations are referred to local Law Enforcement. Any determination to purse prosecution is determined by the District Attorney's office. **115.371 (j)** According to DSS HR Retention Schedule: Discipline (page 1), the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. **115.371 (k)** Bissell Hall does not conduct sexual abuse investigations, therefore has no control on the progress or outcome. As confirmed in the law enforcement representative interviews, the neither the police or sheriff’s office would terminate an investigation based on the departure of an alleged abuser or victim from the employment at the facility. **115.371 (l)** Auditor is not required to audit this provision. **115.371. (m)** Administrative staff interviewed, and facility policy confirmed the Bissell Hall staff would cooperate with outside sexual abuse investigators and endeavor to remain informed about the progress of the investigation as appropriate. All facility staff interviewed confirmed they would participate in the investigation as requested by an outside investigative authority. The Facility Manager and her management team members explained that they would fully cooperate with outside agencies investigating sexual abuse and sexual harassment and they would remain involved until the investigation was complete. **Based on the documentation reviewed and information learned from facility staff interviews and outside agency interviews the auditor determined Bissell Hall to be compliant with standard 115.371 (a-m).** **Corrective Action Required: None**

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA Child Welfare Manual, Section 2 Chapter 5 Sub Section 6 OHI

	Interviews included: Facility Manager Assistant Regional Administrator Random Staff Outside Agency Investigative Staff Forensic Exam Representative Advocacy Agency Representative **Site Review / Observations:** N/A **Provisions:** **115.372 (a)** Bissell Hall does not conduct criminal investigations into allegations of sexual abuse or sexual harassment. All investigations are conducted by outside agencies. Once an investigative agency substantiates an allegation of abuse the Bissell Hall may take disciplinary action against the staff involved. 2 of 2 facility administrators (Facility Manager and Assistant Regional Administrator), reported there were no allegations or investigations in the past 12 months. Outside agencies reported no knowledge of Bissell Hall related allegations or investigations in the past 12 months. Law enforcement representatives reported their agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. The Child Welfare Manual Section 2, Chapter 5 (Child Abuse and neglect Reports), Subsection 6 – Out of Home Investigations (OHI) is a guide to investigating child abuse and neglect laws in Missouri. Section 5.6.5 includes the OHI investigation procedures for each type of OHI Provider. **A review of facility policy, review of related documentation, and interviews with outside agency representatives, auditor Howell determined the facility meets the requirements of standard 115.372 (a)** **Corrective Action Required: None**

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:**

DYS Policy 9.18 PREA
Investigation File
Notification to Youth Following an Allegation

Interviews included:
Facility Manager
Assistant Regional Administrator
Random Residents

Site Review / Observations: N/A

Provisions:
115.373 (a) DYS Policy 9.18 PREA section III. G. 2A requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. The Facility Manager or Assistant Regional Manager are designated point person with outside investigative entities. The designee is responsible for informing a resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.373 (b) Bissell Hall does not conduct investigations, the agency policy (Policy 9.19 PREA Page 12, section III.G. 2.b.) on investigations states the facility shall request the information from the investigating agency in order to inform the resident. There were zero investigations reported during the past 12 months and therefore no outcome, investigation, or notification to verify. The auditor found the related forms and policy follow PREA standards.

115.373 (c) DYS policy states that following a resident's allegation that a staff member committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is indicted, convicted, or transferred from the resident's living unit or from employment at Bissell Hall.
10 of 10 residents interviewed answered "no" when asked if they had, or if they were aware of any other resident that had reported sexual abuse or harassment at Bissell Hall.

115.373 (d) DYS policy does address this provision on page 9.18-13 of Policy 9.18. It states the manager, "will ensure all notifications or attempted notifications shall be documented and maintained for audit purposes." 100% of the residents interviewed said they were not aware of any allegations of sexual abuse or harassment during their time at the facility. The Sheriff's Department investigator could not recall any allegations.

115.373 (e) Because there were no allegations, the facility administration did not have documented examples of resident notifications (in accordance with 115.373 (e).

A review of facility policy, interviews with facility related representatives,

	and a review of documentation resulted in auditor Howell determining the facility met the requirements of standard 115.373 (a - e) **Corrective Action Required: None**

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA (Section III H. 1, 2) DSS Policy 2-124 Discipline page 1, 7 DSS Policy 2-101 Sexual Harassment/Inappropriate Conduct page 1 **Interviews included:** Facility Manager Human Resources Staff Administrative Support Staff **Site Review / Observations:** N/A **Provisions:** **115.376 (a)** According to agency policy and as described by administrators, staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. **115.376 (b)** There were no staff reported as terminated or resigned prior to termination) for violating the agency sexual abuse or harassment policies. **115.376 (c)** The agency disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. See DSS Administrative Policy 2-124, Section 2 – Employment Practices. In the past 12 months, there were no reports of or interview answers that indicated staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). **115.376 (d)** Agency policy is that all terminations for violations of agency sexual

	abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero because there were no such incidents. **The facility meets the requirements of standard 115.376 (a-d)** **Corrective Action Required: None**

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA Section III H 3 b, Section III 4 a, Section III H 4 a Volunteer (Practicum) and/or Contractual Provider Cover Letter for Fundamental Practices Bissell Hall Training Records **Interviews included:** Facility Manager Assistant Regional Administrator Human Resources Staff Administrative Support Staff **Site Review / Observations:** N/A Provisions: **115.377 (a)** Included in DYS Policy 9.18 PREA is language that, *“any contractor and volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”* During staff interviews, Auditor Howell asked the staff members to explain what they would do if they received an allegation of sexual abuse or sexual harassment by a contractor or volunteer. All of the staff said they would report the information to the Facility Manage. All Bissell Hall administrators interviewed stated that

	following any report of sexual misconduct by a contractor or volunteer they would call law enforcement. **115.377 (b)** DYS conducts background checks on all employees, volunteers, and contractors before they are permitted to work with residents. If anytime later the same employees, volunteers, and contractors are found to have violated agency sexual abuse and sexual harassment policies they will be prohibited from having further contact with residents. Auditor Howell did review a Volunteer (Practicum) and/or Contractual Provider Cover Letters for Fundamental Practices signed by volunteers. The documents are used as an attestation on receiving and understanding the PREA training and materials required for volunteers and contractors. **The facility meets the requirements of standard 115.377 (a-b)** **Corrective Action Required: None**

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA DYS Policy 9.08 Separation, Section III BA. 5 DYS Policy 6.1 Programmatic Rights of Youth & Grievances, Section III P DYS Fundamental Practices **Interviews included:** Facility Manager / Administrator Assistant Regional Administrator Random Staff **Site Review / Observations:** N/A **Provisions:** **115.378 (a)** Interviews of the facility administrators explained that residents who have been found, pursuant to a formal disciplinary process, to have engaged in sexual abuse or sexual harassment of another resident shall be subject to disciplinary sanctions in accordance with the law. If necessary, residents may be separated in different cottages during the investigation and/or transferred to another facility ensure the continuing safety and security of Bissell Hall. The review

	of documentation, interviews of staff, and interviews of residents provided no evidence there were examples that violated this standard. **115.378 (b)** Youth who have been found to have sexually harmed others is provided the same services as youth who have not. According to the Facility Manager the facility does not practice isolation as a form of punishment, however a resident may need to be moved to a different cottage during an investigation. All residents are provided the same rights as other residents including large muscle exercise on a daily basis, educational and special education programing, mental and medical care, and vocational opportunities when appropriate. There were no documents or information learned from interviews to determine non-compliance with the standard of prohibiting isolation as a sanction for resident-on-resident sexual abuse. There was no evidence that isolation is a practice at Bissell Hall. **115.378 (c)** The Bissell Hall Facility Manager explained how the disciplinary process considers a resident's psychological disabilities and mental diagnosis. The Facility Manager also referenced that sanctions should and would be appropriate to the individual assessed needs of the resident. There were no case examples in the past 12 months to review for compliance. **115.378 (d)** Facility administrators explained the facility provides residents counseling and other interventions designed to educate the youth, but not intended to correct underlying reasons or motivations for residents to participate in sexual abuse or harassment. The reason for this strategy is the facility is not designed to treat sexual abuse or sexual harassment. The facility does not require participation in such counseling and interventions as a condition of access to behavior-based incentives or as a condition to access general programming, education services, medical care, or exercise. **115.378 (e)** Supervisory staff confirmed that the facility may discipline a resident for sexual contact with a staff only upon a finding that the staff member did not consent to such contact. Through interviews of staff and residents, documentation reviews, and contact with outside agencies, PREA Auditor Howell found no incidents of this type reported in the past 12 months. The Facility Manager said she would hold a resident accountable for inappropriate sexual behavior such as sexual abuse or harassment of a staff or resident. **115.378 (f)** According to staff, residents, and agency policy, Bissell Hall residents cannot get in trouble for filing a grievance. DYS Policy 6.1 (Programmatic Rights of Youth & Grievance section III P.) states, youth may, "Report any problems or complaints and have those complaints investigated without fear of punishment or retaliation." Bissell Hall administrators interviewed explained any report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. **115.378 (g)** DYS Policy 9.18, section III H. 3 prohibits sexual contact between residents. All sexual contact is subject to disciplinary action. In Random Staff interviews, 17 of 17 staff confirmed sexual contact between residents was

	prohibited at the facility. They also confirmed they would report all allegations of sexual contact, sexual harassment, and sexual abuse. The outside investigative agencies would determine if sexual conduct was coerced, and a crime was committed. **The facility meets the requirements of standard 115.378 (a-g)** **Corrective Action Required: None**

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA Section III (I) 1 a,b,c,d DYS Policy 7.2 Medical and Health Care DYS F7-17 Facility Health Screen DYS PREA Vulnerability Information Review DYS Policy 6.7 Administrative Review DYS F7-17 Facility Health Screen Post PVIR Follow Up Forms 18 and Over consent form **Interviews included:** Facility Manager / Administrator Medical Staff Children’s Advocacy Center Representative Children’s Advocacy Center Representative Staff Responsible for Resident Screening Random Staff **Site Review / Observations:** N/A **Provisions:** **115.381 (a)** When the residents are admitted to the facility, they are screened pursuant to § 115.341. According to the Facility Manager / Administrator, and the medical staff if the intake screen indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The DYS Post PVIR Follow Up with a Medical or Mental Health Practitioner Referral/

Refusal Form supports what the staff shared in the interviews when it instructs the form be, “initiated by the Facility Manager (FM) or designee and forwarded to the region’s Clinical Coordinator within 14 days of intake for the youth who it was determined, during the classification or facility placement (intake)process, had experienced prior sexual victimization and/or it was determined the youth had a prior history of sexual harming behaviors as documented on the PVIR.”

Policy dictates that allegations of prior abuse are noted, reported, and follow services are offered. Through staff interviews, resident interviews, and documentation reviews Auditor Howell was able to determine that the facility was in compliance with 115.381 (a).

115.381 (b) During their staff interviews both the Facility Manager and Assistant Regional Administrator explained that if the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This is supported in Policy 9.18 and the PVIR follow form.

Auditor Howell reviewed intake screening and mental health documents and found no evidence of non-compliance with this standard.

115.381 (c) The Bissell Hall has established controls on documentation / information. The information learned during intake screening remains confidential and only shared with staff involved in security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Information about prior victimization or if a resident has previously perpetrated sexual abuse, in or out of an institutional setting was shared on a need-to-know basis. The Facility Nurse confirmed staff have access to confidential records in their respective areas. While completing the on-site facility tour and the structured on-site interviews, Auditor Howell was able to ask what information was shared with whom. No violations of standard 115.381 (c) were observed or discovered during the on-site interviews, file audits, or facility tour.

115.381 (d) Interviews of the medical and mental health staff showed the medical and mental health practitioners would obtain informed consent from residents before reporting information about sexual victimization that did not occur in an institutional setting unless the resident was under the age of 18.

Because the facility is a youth facility, Auditor Howell confirmed the staff understood they were mandated child abuse reporters. All staff interviewed acknowledged they were mandated child abuse reporters. DYS has a 18 and over consent form for residents that are over the age of 18. Included is the statement, *“I give _____ permission to disclose this information to the appropriate authorities.”*

The facility meets the requirements of Standard 115.381 (a-d)

	Corrective Action Required: None

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA, Section III.1.2.a, 2.b, 2.d. DYS CIR Memo DYS Nurse's Notes Page DYS Follow up Medical or Mental Health Form Follow Up Session Notes from Therapist **Interviews included:** Facility Manager / Administrator Medical and Mental Health Staff Children's Advocacy Center Representative Hotline Representative Intake Staff Random Staff **Site Review / Observations:** N/A **Provisions:** **115.382 (a)** According to DYS Policy 9.18, alleged victims of sexual offense shall immediately be separated from the alleged abuser, advised to not destroy evidence, and referred to medical services for medical assessment and/or treatment. Medical staff explained alleged victims of sexual abuse would receive unimpeded access to emergency medical treatment and crisis intervention services by referral the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If a resident were to make an allegation of victimization, they would be transported to the local hospital (Cardinal Glennon Children's Hospital Hospital) where SANE forensic services are available. If Cardinal Glennon Children's Hospital did not have a SANE qualified staff on duty they would find a facility that did. A review of the facility medical and mental health documentation processes showed compliance with this provision. **115.382 (b)** Bissell Hall does have qualified medical (nursing) staff on duty. Staff first responders take preliminary steps to protect the victim pursuant to § 115.362. This was confirmed in the staff interviews. 10 of 10 random staff interviewed could

	explain the initial steps to protect the victim of sexual abuse. 100% of the staff interviewed also stated they would, upon learning of an allegation or incident, immediately notify their supervisor who would then notify the appropriate medical and mental health practitioners. The Facility Manager and Youth Services Supervisor explained they would notify medical and mental health practitioners immediately upon receiving a report from a subordinate. **115.382 (c)** DYS Policy requires that resident victims of sexual abuse have access to medical and mental health practitioners who can provide medical and mental health assistance including emergency medical treatment and crisis intervention services. In the Facility Manager interview, she explained in the event of an on-site incident that was sexual in nature, residents would be immediately transported to the local hospital for medical services and the Children's Advocacy Center would be contacted for advocacy services. During the interview the SANE Facility Nurse confirmed the services would include information on contraception and sexually transmitted infection prophylaxis. The hospital representative, Children's Advocacy Center representative, and Bissell Hall Facility Manager reported that there were zero allegations of sexual abuse and zero allegations of sexual abuse in the past 12 months. **115.382 (d)** During interviews the Facility Manager, hospital and advocacy center representatives reported that treatment services for victims of sexual abuse were provided without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. According to DYS Policy, all medical and mental health services provide to residents of the Bissell Hall are provided at no cost. **Based on the information received through staff interviews and document reviews the facility was found in compliance with standard 115.382 (a-d).** **Corrective Action Required: None**

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA, Section III (I) 3, Section III, I.2.d. DYS Policy 6.1 Programmatic Rights of Youth and the Grievance Process, Section III G DYS Policy 7.2 Standards Section, Section III A 3

DYS Policy 7.3 Special Needs
DYS Policy 7.4 Access to Health Care Services
Completed Critical Incident Review 2023

Interviews included:
Facility Manager
Medical and Mental Health Staff
Intake Staff
Random Staff

Site Review / Observations:
Observation of facility wall postings and brochures

Provisions:
115.383(a) DYS Policies (DYS Policy 9.18 PREA Section III (I) 3, DYS Policy 6.1 Programmatic Rights of Youth and the Grievance Process Section III G, DYS Policy 7.2 Standards Section III A 3, DYS Policy 7.3 Special Needs, DYS Policy 7.4 Access to Health Care Services) lists the procedures for screening for risk of sexual victimization and abusiveness and/or perpetrator to be offered a medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Observations while on the facility tour included posters and brochures that residents could access by phone. Information was posted and available including toll free, anonymous, and confidential phone numbers.

During the interviews of the facility Nurse and the Facility Manager appropriately explained the agency approved facility process to follow up and offer medical and mental health services to residents that have been victimized by sexual abuse or sexual harassment.

115.383(b) The evaluation and treatment of sexual abuse victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Resources for residents of Bissell Hall include local community-based advocacy services, and on-site services from facility medical and DYS mental health staff. There were no residents at the facility that had reported on-site sexual abuse or sexual harassment, therefore Auditor Howell was unable to interview any residents that had made a report and may need follow up services.

115.383 (c) The facility administrators confirmed that the facility provides sexual assault and harassment victims with medical and mental health services consistent with the community level of care. Despite not working together in the recent past (due to zero sexual abuse allegations in the last 12 months) the law enforcement, advocacy, hospital, and facility staff all discussed, in their interviews, a team approach when dealing with allegations of sexual abuse.

115.383 (d & e) The standards of 115.383 d and e are not applicable as Bissell Hall is a facility for male residents.

	115.383 (f) According to DYS Policy and also found in the interview with hospital representative, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. **115.383(g)** According to the DYS Policy DYS 9.18 PREA Section III. I. 2. d. and confirmed during interviews of the Facility Manager / Administrator, Advocacy representative, and the facility Nurse the residents at Bissell Hall are able to receive treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were zero reported incidents of sexual abuse, therefore there were no residents to ask or records to review to determine non-compliance with this standard. **115.383 (h)** DYS Policy 9.18 PREA Section III. I. 3. the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers when learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. DYS mental health staff do conduct mental health evaluations and either offer treatment or ensure the resident is provided treatment from an outside resource upon learning of such abuse history. **Based on the information received through staff interviews, interviews with medical and mental health staff, facility tours, and file reviews the facility followed standard 115.383 (a-h).** **Corrective Action Required: None**

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA, Section III j 1 a, Section III E. a,b,c. DYS Policy 9.17 Critical Incidents, Section III E, E.a,b,c 2023 Critical Incident Review 2023 Investigation 2022 Corrective Action Documents **Interviews included:** Facility Manager Assistant Regional Administrator Law Enforcement

Children's Advocacy Center Representative
Incident Review Team Members

Observations included:
None

Provisions:
115.386 (a & b) According to the Facility Manager, Assistant Regional Administrator, and agency policy the facility operates in accordance with DYS Policy 9.17: *"A Critical Incident Review shall occur immediately, but not more than 30 days from the conclusion of the investigation for sexual assaults, sexual misconduct, successful runaways, and behavior injurious to self/others requiring outside medical attention. (For those incidents involving sexual abuse, a review shall be conducted even if the allegation was not substantiated. A review is not necessary when the sexual abuse allegation has been determined to be unfounded)."*

115.386 (c) The incident review team includes members of upper management who get input from everyone involved including but not limited to; supervisors, investigators, and medical and mental health practitioners. At Bissell Hall upper management positions are involved and on the review team are the Assistant Regional Administrator, Facility Manager, and Assistant Facility Manager with input from the Facility Nurse and Education Specialists.

DYS Policy 9.17 supports the facility practice on page 9.17-4:
"The review team shall include appropriate management staff. For incidents involving sexual assaults or misconduct the review team will include the supervising Deputy Director, RA, ARA, Facility Manager(s) (FM) and Supervisors, with input from investigators, and medical or mental health providers."

Interviews with local Law Enforcement and the Advocacy Center representative confirmed they would participate in any post investigation review. There were zero allegations and investigations of sexual abuse in the past 12 months, therefore there were no incident reviews to evaluate.

115.386 (d) Interviews of incident review team members indicated that they:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex Identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.
Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
Assess the adequacy of staffing levels in that area during different shifts.
Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any

	recommendations for improvement and submit such report to the Facility Manager. There were no investigations during the past 12 months, therefore there were no incident review reports to evaluate. **115.386 (e)** DYS Policy 9.18 PREA page 9.18-17 requires the incident review team to prepare a report of findings and recommendations. The facility administration, "shall implement the recommendations for improvement or document the reasons for not doing so. **Based on the information received through staff interviews, interviews with review team members, facility tours, and policy review the facility was determined to follow standard 115.386 (a-e).** **Corrective Action Required: None**

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** DYS Policy 9.18 PREA, Section III J 2 a DYS Data Collection Instrument Agency web page Annual Reports **Interviews included:** Facility Manager Assistant Regional Administrator Agency PREA Coordinator **Observations included:** N/A **Provisions:** **115.387 (a)** DYS Policy 9.18 PREA adequately addresses Data Collection and Storage on page 9.18-17 and 9.18-18. Each DYS facility is listed as responsible for collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standard instrument used is the Missouri DYS Data Collection Instrument. The agency Missouri Division of Youth Services collects data for all DYS facilities. **115.387 (b)** The Facility Manager and Assistant Regional Administrator reported

	that they would review, collect, aggregate and report all data if the facility had any allegations of sexual abuse or sexual harassment. They acknowledged a review and report should be done at least annually. The facility and DYS does maintain records and collect data as needed from all incident-based documents related to all incidents. **115.387 (c)** All Missouri Division of Youth Services facilities participated in the most recent version of the Survey of Sexual Violence conducted by the DOJ. Each Facility Manager is required to report the minimum data necessary to participate in the survey as necessary. **115.387 (d)** Auditor Howell was provided and reviewed incident-related documents. The facility collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. **115.387 (e)** Bissell Hall is a juvenile facility for the Missouri Division of Youth Services. There is no need to obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents because they do not contract with any private facility for the confinement of its residents. **115.387 (f)** Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. **Based on the information received through staff interviews, facility tours, and document reviews the facility followed standard 115.387 (a-f).** **Corrective Action Required: None**

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYS Policy 9.18 PREA Corrective Actions DYS Annual PREA Reports DYS webpage **Interviews included:** Agency PREA Compliance Coordinator Facility Manager

	Agency Deputy Director Site Review / Observations: Agency web page: http//:www.dss.mo.gov/dys/ **Provisions:** **115.388 (a)** The Facility Manager explained that she prepares, and reviews data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas. In 2023 there was no allegation that met the PREA standards of sexual harassment in the past 12+ months. Previous year reports are available on the DYS web site and were reviewed. **115.388 (b)** DYC does complete annual PREA reports and posts them on the agency web site. The Facility Manager stated she completes the reports and the DYS administration compares the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing any past issues related to sexual abuse. The DYS Annual PREA Report for calendar year 2023 includes data for 21 juvenile facilities. The Division of Youth Services Prison Rape Elimination Act annual reports, for both the agency and contracted providers, are provided at the following site: http://dss.mo.gov/reports/prison-rape-elimination-act-reports/ **115.388 (c)** DYS and the facility did complete an annual report and posted it on the facility web site. In addition, the facility sexual assault and sexual harassment data is submitted to the agency head and aggregated with all DYS youth facilities. **115.388 (d)** DYS does complete annual reports and posts them on the agency web site. Auditor Howell reviewed three years of annual reports to confirm the reports do not include specific information that when published would present a clear and specific threat to the safety and security of a facility. **Based on a review of the agency web site, annual reports, a review of policies, and interviews of the PREA Facility Manager / Administrator, the facility was determined to follow 115.388.** **Corrective Action Required: None**

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in the making the compliance decision. **Documents reviewed included:** PAQ DYC Policy 9.18 PREA, Section III, J 2 d, e, f Interviews included: Facility Manager / Administrator Assistant Regional Administrator **Site Review / Observations:** Agency web page: http://dss.mo.gov/dys/ **Provisions:** **115.389 (a)** DYS Policy 9.18 page 9.18-18 addresses record keeping and storage at Bissell Hall. The facility collects and retains sexual abuse and sexual harassment data pursuant to § 115.387. **115.389 (b)** The facility, through the DYS agency web site, makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts readily available to the public at least annually through the agency website. Upon a review of on-site records, the agency web site, and through interviews Auditor Howell confirmed there was one allegations that met the PREA standards of sexual Abuse or harassment during the past 12 months. The incident was alleged in 2022 and substantiated in 2023. **115.389 (c)** DYS does complete annual reports and posts them on the agency web site. Auditor Howell reviewed three years of annual reports to confirm the reports do not include specific personal identifiers before making aggregated sexual abuse data publicly available. **115.389 (d)** DYC Policy 9.18 directs sexual abuse documents and data collected pursuant to § 115.387 and securely retained for at least 10 years after the date of the initial collection, unless otherwise required by other applicable laws. **Following key staff interviews, annual report reviews, and a review of the agency web site the facility was determined in compliance with 115.389 (a-d).** **Corrective Action Required: None**

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The facility was determined to be following standard 115.401 as a result of the following: **115.401 (a & b)** The facility was previously audited in accordance with PREA standards. This audit was three years from the last PREA Audit (dated August 09, 2021). **115.401 (h)** PREA Auditor Howell had complete access to and the ability to observe every area of the facility. The tour included access to all locked doors including living areas, storage areas, kitchen, classrooms, and activity spaces. Throughout the on-site portion of the entire facility (inside and out) was accessible as requested. **115.401 (i)** PREA Auditor Howell was permitted to request and did receive copies of any relevant documents requested. **115.401 (m)** PREA Auditor Howell was permitted to conduct private interviews of residents and staff. All residents and staff on campus during the on-site portion of the audit were interviewed. **115.401 (n)** A copy of the upcoming audit, with auditor Howell's contact information was posted 6 weeks in advance of the audit allowing residents to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. No correspondence was received. **The facility is in compliance with Standard 115.401 (a,v, h, i, m, n)** **Corrective Action Required: None**

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance decision that the facility was in compliance with 115.403: **115.403 (f)** Bissell Hall was audited in 2021. The dates of the facility visit was initially April 9, 2021, but a COVID outbreak stopped the on-site portion from continuing. On July 12, 2021, the on-site portion of the audit was completed. A Final PREA Audit Report was issued by certified PREA Auditor Latera M. Davis on August 9, 2021. The 2021 report is posted on the State of Missouri Department of Social Services website. **The facility meets the requirements of standard 115.403 (f).**

	Corrective Action Required: None

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	**Exhaustion of administrative remedies**	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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