

PREA Facility Audit Report: Final

Name of Facility: Waverly Regional Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/06/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Shirley Turner	Date of Signature: 06/06/2024

AUDITOR INFORMATION	
Auditor name:	Turner, Shirley
Email:	shirleyturner3199@comcast.net
Start Date of On-Site Audit:	04/22/2024
End Date of On-Site Audit:	04/23/2024

FACILITY INFORMATION	
Facility name:	Waverly Regional Youth Center
Facility physical address:	109 West Kelling Avenue , Waverly , Missouri - 64096
Facility mailing address:	

Primary Contact

Name:	Vernon Phillips
Email Address:	Vernon.Phillips@dss.mo.gov
Telephone Number:	660-493-2272

Superintendent/Director/Administrator	
Name:	Vernon Phillips
Email Address:	Vernon.Phillips@dss.mo.gov
Telephone Number:	660-493-2272

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

Facility Health Service Administrator On-Site	
Name:	Heather McLean
Email Address:	Heather.McLean@dss.mo.gov
Telephone Number:	660-493-2272

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	32
Average daily population for the past 12 months:	31
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	13-19
Facility security levels/resident custody levels:	Moderate (Medium)
Number of staff currently employed at the facility who may have contact with residents:	42
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

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
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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:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-22
2. End date of the onsite portion of the audit:	2024-04-23

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	31
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	32
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:	3
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

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>42</p>
<p>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:</p>	<p>7</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Conferred with staff; reviewed population/housing report; reviewed resident files.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>Conferred with staff; reviewed sample of resident files; reviewed population report; observations.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>

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):	6
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>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).</p>	<p>No text provided.</p>
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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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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 during this audit period.

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

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

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no allegations of sexual abuse or sexual harassment during this audit period.</p>

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

Correctional Management and Communications Group, LLC

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy 9.18, PREA</p> <p>Policy 9.28, Developing Relationships</p> <p>Policy 3.8, Employee Conduct</p> <p>Policy 3.23, Ethical Standards</p> <p>Facility Organization Chart</p> <p>Agency Organization Chart</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p>

PREA Coordinator

Provision (a):

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

The Waverly Regional Youth Center is operated by the Missouri Division of Youth Services and the agency has a PREA policy and supporting policies and procedures. The policies and procedures provide direction to staff regarding the facility's approach to preventing, detecting, and responding to conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in policy. Policy also includes sanctions for those found to have participated in prohibited behaviors. Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The PREA Policy includes but is not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, and disciplinary sanctions for residents and staff.

Provision (b):

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

The statewide PREA Coordinator reports to the Human Resources Manager who reports directly to the Division Director, agency head. The interviews and conference call which included the PREA Coordinator confirmed familiarity with the PREA Standards, implementation and the audit process. The interview and observations revealed the time and authority to discharge the duties of the PREA Coordinator and access to all State and contract facilities. All facilities must comply fully with the PREA Standards. The PREA Coordinator is involved with PREA related decisions and implementation at all levels of the agency.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The facility administrator, identified through this process as superintendent, serves as the facility's PREA Compliance Manager. The superintendent revealed there is the time and observations revealed the authority required to fulfill the PREA related duties. A review of the policy and organization chart, and the interviews confirmed the role of the PREA Compliance Manager. The interview with the superintendent revealed that he maintains communication internally with staff and outside with various resources regarding PREA related issues.

	<p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, interviews and observing the interactions within the facility, the Auditor determined the facility is compliant with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Contract Template</p> <p>FY24 Contract Renewals</p> <p>Interview:</p> <p>Contract Administrator Designee</p> <p>Provisions (a) and (b):</p> <p>Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The agency has 12 contracts for the confinement of its residents. All contracts require the contractor to adopt and comply with the PREA Standards. Agency staff is required to monitor the contractors’ compliance with the PREA Standards and failure to comply may result in termination of the contract. All contract renewals for the past year and the interview document there is no change in the requirement of compliance with the PREA Standards.</p> <p>Conclusion:</p> <p>Based on the review of the evidence, interviews and observations, the Auditor determined the facility and agency are compliant.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Agency Policy 9.18, PREA

Agency Policy 9.6, Program Services

Staffing Plan

Staffing Plan Assessment

Unannounced Rounds

Interviews:

Superintendent/PREA Compliance Manager

PREA Coordinator

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

(1) Generally accepted juvenile detention and correctional/secure residential practices;

(2) Any judicial findings of inadequacy;

(3) Any findings of inadequacy from Federal investigative agencies;

(4) Any findings of inadequacy from internal or external oversight bodies;

(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);

(6) The composition of the resident population;

(7) The number and placement of supervisory staff;

(8) Institution programs occurring on a particular shift;

(9) Any applicable State or local laws, regulations, or standards;

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors.

Policy provides details for maintaining the internal staffing ratios. The facility's staffing plan, internal controls and management ensures that the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours are maintained. Direct supervision is provided to residents and they are escorted by staff during any movement from one area to another. In addition to the direct care staff, residents interact with education, clinical, management, and leadership staff. The staffing plan, staff interviews and observations during the comprehensive facility review revealed the adherence to staffing ratios.

The facility does not have a camera system. It was recommended that indicative signs be posted on the doors to areas where residents are not allowed entry. The signs were printed and posted and pictures were taken and sent to this Auditor during the post audit period. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through observations, interviews, review of policy and other documents. The work schedules are based on the staffing plan.

Provision (b):

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

The facility reports and there were no deviations from the staffing plan during this audit period and there were no documents that supported any deviations. Policy provides for compliance to the staffing plan except during limited and exigent circumstances and the deviations are to be documented. The average daily number of residents since the last PREA audit is 31; the number of residents on which the staffing plan is predicated is 36. The facility is prepared to document any deviations from the PREA staffing requirements. The superintendent reviews the work schedules and the schedules are reviewed in meetings to ensure the ratios are met.

Provision (c):

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

The PREA ratios were observed for and met during the comprehensive site review and review of documentation. The staff to resident ratio was in compliance during the comprehensive site review as observed by the Auditor. Direct care staff members provide direct observation of residents. The practice is that residents remain in the line of sight of a staff member. Since the last PREA audit the average daily number of residents is 31. Since the last PREA audit, the average daily number

of residents on which the staffing plan is predicated is 36. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

(1) The staffing plan established pursuant to paragraph (a) of this section;

(2) Prevailing staffing patterns;

(3) The facility's deployment of video monitoring systems and other monitoring technologies; and

(4) The resources the facility has available to commit to ensure adherence to the staffing plan.

The review of the annual staffing plan assessment is conducted as described in the standard and at least annually. The facility has formally documented the assessment data on a form customized for that purpose. The document indicates completion by the Superintendent/PREA Compliance Manager and a copy provided to the PREA Coordinator. The document reviews but is not limited to the following areas: prevailing staffing patterns; review of staffing plan; electronic monitoring system; and occurrence of unannounced rounds. The PREA Coordinator is consulted and corroborates with facility and/or regional staff annually regarding facility staffing unless there is a need to confer more.

Provision (e):

Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Policy provides for the occurrence of unannounced rounds that are conducted by identified staff and documented on a dedicated form. A review of a sample of documented unannounced rounds and the agency Policy 9.6 support unannounced rounds are conducted by intermediate and higher level staff. The unannounced rounds are conducted to identify and deter sexual abuse and sexual harassment and are documented on a customized form. The rounds may be conducted by the superintendent, assistant superintendent, Assistant Regional Administrator, and Regional Administrator.

The assistant superintendent was interviewed regarding completion of

	<p>unannounced rounds. Unannounced rounds are conducted at least monthly and includes the superintendent, two Group Leaders, and assistant superintendent. Measures to ensure staff members do not alert other staff members during the occurrence of the visits are implemented by not announcing to anyone when the rounds will occur. Policy 9.6 provides staff members are not to alert other staff of the rounds and violations shall be grounds for disciplinary actions, up to and including dismissal.</p> <p>The documents show the rounds are made at various times and cover all shifts. A form is used which details observations made regarding whether groups are in appropriate locations; appropriate relationships occurring; physical plant condition; staff supervision; results of visit; if follow-up is needed; and other information.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and the interviews, the Auditor determined the facility is adhering to this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 7.2, Standards</p> <p>Agency Policy 5.8, Searches for Contraband</p> <p>Agency Policy 9.6, Program Supervision</p> <p>Agency Policy 9.18, PREA</p> <p>Training Guide</p> <p>Training Transcript Report</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Superintendent/PREA Compliance Manager</p> <p>Provision (a):</p> <p>The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in</p>

exigent circumstances or when performed by medical practitioners.

Cross-gender strip, visual body cavity and pat-down searches are prohibited and the regular searches must be documented. Policy and training provide guidance to staff on how the searches are to be conducted. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Strip and body cavity searches are prohibited at the facility in accordance with Policy 5.8. Cross-gender pat-down searches are not permitted, except in exigent circumstances as indicated by the staff interviews.

Provision (b):

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

The facility is an all male facility; a consensus is that there would be no trained males in the facility for a cross-gender search to occur. Based on the review of the Pre-audit questionnaire and according to the interviews, no type of cross-gender search has been conducted at the facility during the past 12 months. The training materials and interviews support that staff receive training on how to conduct searches, including cross gender pat-down searches. Staff interviews and demonstrations confirmed awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

Provision (c):

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

Cross-gender strip and cross-gender visual body cavity searches are prohibited. Policy provides for documenting the occurrence of searches. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document searches. The training supports conducting all searches in a humane and respectful manner.

At least two staff will be involved when a pat-down search is conducted, including if a cross-gender pat-down search. There must be approval by the appropriate supervisor for a cross-gender pat-down search and it must be documented. Documentation for a cross-gender pat-down search must be maintained by the PREA Compliance Manager. There was no evidence documenting any type cross-gender searches.

Provision (d):

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such

policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Shower and use of bathroom protocols exist. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. This practice was confirmed through formal and informal interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. During the comprehensive site review, conducted by the Superintendent/PREA Compliance Manager and the Assistant Regional Administrator, explained how hygiene practices are conducted and the bathroom procedures. It was observed that residents have a reasonable amount of privacy during use of the bathroom. Shower curtains exist and the toilets are enclosed.

The consensus of the interviews were that the opposite gender staff provided a greeting to all as a way of announcing their presence. The evidence shows residents shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Hygiene practices are performed with the expectations of reasonable privacy for each resident. A resident enters a shower stall dressed and is dressed in the clean clothes when exiting the shower.

Provision (e):

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

Policy and staff training prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status. Staff interviews verified no such searches have occurred or would occur at the facility. The facility reports and documents and interviews confirm staff received the training on conducting searches and searches of transgender and intersex youth. Staff interviews confirmed they are aware that policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private. Training provides that residents are provided the opportunity to indicate the gender of the staff preferred to conduct the search.

Provision (f):

	<p>The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>The training curricula for conducting cross-gender pat-down searches and searches of transgender and intersex youth include agency training and training through outside resources. Training records, interviews and training materials indicate the provision of search techniques consistent with security needs. Residents are provided the opportunity to identify the sexual preference of the staff they would prefer to conduct the searches. The Training Transcripts, training guide and interviews document staff receive the prescribed training. There have not been any transgender or intersex youth in the facility during the past year.</p> <p>Conclusion:</p> <p>Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Agency Policy 6.1, Programmatic Rights of Youth and Grievance Procedures</p> <p>Agency Policy 8.3, Individual Education Program/Special Education-Section 504</p> <p>Agency Policy 9.18, PREA</p> <p>Statewide Contracts, Interpreting Services</p> <p>Statewide Contract, Sign Language Interpretation Services</p> <p>Contract Pricing Charts</p> <p>Training Curriculum</p> <p>Safety 1st Manual (PREA Education Handbook, Spanish Version)</p> <p>Interviews:</p> <p>Superintendent/Intake Staff</p> <p>Targeted Interviewees</p>

Provision (a):

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

The review of documentation, including policies and procedures, address the rights of residents and access to services. The provision of PREA education and ongoing information is to be provided to residents in a manner sensitive to limited English proficiency and disabilities. The facility staff has access to resources for interpreters and other support services, including services for the hearing impaired, intellectual disabilities, and based on the individual needs of each resident. The targeted interviewees revealed the PREA education is provided in understanding formats such as the PREA education handbook, video, staff's verbal presentation, and refresher information. The targeted interviews also revealed that the residents have staff to explain information to them and assist with their understanding.

The education, counseling and other staff may assist in providing PREA education sessions with youth who has a disability. The Group Leader, Assistant Superintendent and Superintendent will assist in securing accommodations needed to address the needs of the residents to ensure equal opportunity to the access of information regarding PREA. The Superintendent ensures access to interpreters and effective professional communicators for residents who may be limited English proficient, hard of hearing, deaf, can't read well, or other disabilities. Written materials will be provided in formats or through materials that ensure effective communication in accordance with Policy 8.3. Professional interpreting services are also available to parents and guardians through the facility, as needed.

Provision (b):

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

receptively and expressively, using any necessary specialized vocabulary.

Residents with disabilities and who are limited English proficient will be provided with the accommodations that would enable the identified youth to participate in or benefit from all aspects of the PREA education sessions with the goal of preventing, detecting, and responding to sexual abuse and sexual harassment. Contracts exist between the State agency and vendors for language and documenting services and sign language interpreter services. The contracts and interview with the Superintendent confirm the provision of professional interpreting services as needed to ensure the residents' understanding of PREA and other information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially. The accommodations for residents may also include providing a copy of the PREA information in Spanish. The grievance form, used for reporting allegations of sexual abuse or sexual harassment, is also available in Spanish.

Provision (c):

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

Policy and interviews support that the use of resident readers and interpreters is not permitted except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The facility documents that there is access to services and the staff interview confirms. The education and mental health staff members have the capabilities to provide support services to residents to assist with the residents' understanding. Information regarding reporting allegations of sexual abuse and sexual harassment is posted and accessible in both English and Spanish. The facility also has bilingual staff. The facility has the resources available to get the PREA information translated and printed in additional languages as needed. All random staff interviewed stated they were not aware of any residents used to translate any information for another resident. The Safety 1st Manual contains information regarding reporting allegations of sexual abuse and sexual harassment and provides for discussions and work activities that are age appropriate and conducive to adolescent learning. Reporting information is also posted on the dorms and in various areas of the facility.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor determined the

	facility is compliant with this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18. PREA</p> <p>Department Policy 2-107, Background Checks</p> <p>Background Checks Results</p> <p>Application for Employment</p> <p>Application for Employment Addendum</p> <p>Interview:</p> <p>Human Resources Staff</p> <p>Provisions (a) & (f):</p> <p>Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—</p> <p>(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);</p> <p>(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>The PREA Policy 9.18 and Missouri Department of Social Services (DSS) Policy 2-107 Background Checks address hiring and promotion processes and decisions and</p>

background checks. The policies and interview with the human resources staff responsible for personnel matters revealed details about the hiring process and completion of background checks. Policies address hiring and other personnel matters, including and not limited to promotion processes including child abuse registries. The background checks occur initially and annually thereafter, aligned with policy. The personnel files include the completed background checks and hiring documents.

Through the employment application process, prior to hire and promotion, applicants are asked to verify, in writing, the following information which is a part of the background screening information:

- Have 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);
- Have 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;
- Have been civilly or administratively adjudicated to have engaged in the activity described above.

The interview and a review of policies provided details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity. The documentation, interview and Policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the background information packet, required for conducting the background checks.

Provision (b):

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

A review of the Application for Employment and DYS Addendum determined information is gleaned from applicants regarding previously related sexual misconduct allegations and convictions as also explained during the interview. The facility considers whether to hire or promote anyone or enlist contract services of anyone who may have contact with youth, who have engaged in previous incidents of sexual abuse or sexual harassment. The interview and documentation confirmed the facility adheres to the policies.

Provisions (c) and (d):

Provision (c): Before hiring new employees who may have contact with residents,

the agency shall:

(1) Perform a criminal background records check;

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

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

Provision (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The background check process includes consulting a child abuse registry as confirmed during the interview. The prospective employee or contractor has to be cleared through the background checks that include State and Federal checks. Best efforts would be made to identify information of incidents or allegations of sexual abuse by a prospective employee.

Provision (e):

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

Initial background checks are conducted and are conducted every year thereafter. The interview, review of documentation and a review of the policy provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Policies and practices are aligned with the requirements of the standard however they provide background checks occur prior to employment and every year thereafter. The interview, supported by policy, revealed staff has a continuing duty to report related misconduct. Omission of such conduct and providing false information are grounds for termination. All staff members have access to policies electronically and/or access to printed materials.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The omission of sexual misconduct information or providing false information is grounds for termination in accordance with policy. This information is also covered in the new employee orientation training. Staff members have a continuing duty to report related misconduct; employees are informed during new employee

	<p>orientation that they have a continuing affirmative duty to disclose any such misconduct. Additionally, the facility gets electronic notification within five days if an employee is arrested.</p> <p>Provision (h):</p> <p>Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>The interview revealed that when a former employee applies for work at another institution, upon the request from that institution, information will be provided regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p> <p>Observations</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, the agency considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>The facility has not completed major renovations since the last PREA audit, conducted in 2021.</p>

	<p>Provision (b):</p> <p>If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>There are no cameras within the facility.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p> <p>Child Welfare Manual</p> <p>Memorandum, Re: PREA Investigations</p> <p>Critical Incident Report Form</p> <p>SAFE-Care Provider List</p> <p>Agency Staff Members' Qualifications</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Regional Administrator</p> <p>Advocacy Agency Representative</p> <p>Provisions (a) and (b):</p> <p>Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Provision (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>Policy and Procedures 9.18 and staff interviews confirmed facility and agency staff</p>

members are not responsible for conducting administrative or criminal investigations. Allegations of sexual abuse and sexual harassment regarding residents under 18 years old will be investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI). If local law enforcement is not already involved, CD-OHI will make contact for a co-investigation. Allegations regarding residents 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff. Both agencies utilize a uniform protocol regarding PREA investigations. The statewide PREA Coordinator communicates with and has provided CD-OHI and DLS representatives with the related PREA Standards and information regarding PREA investigations. There have been no allegations of sexual abuse or sexual harassment during this audit period.

Provision (c):

The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Forensic medical examinations will be conducted by providers through Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-Care). The providers are physicians, nurse practitioners, or physician assistants, who are specially trained to provide medical evaluations of youth when abuse or neglect is suspected. The SAFE-CARE team that would provide services to the residents are affiliated with Child Safe of Central Missouri, Inc. There have been no allegations of sexual abuse and no forensic medical examinations have been conducted in the last 12 months.

Provisions (d) and (e):

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

based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Documentation was reviewed demonstrating the attempt to provide victim advocacy services. Final arrangements for victim advocacy services will be provided at no cost to the victim. The agency also has qualified staff members such as Social Workers, Therapists, and Nurses who may provide support services to a victim until a more permanent solution is identified. Regional Administrator is in the process of securing a community agency to provide victim advocacy services that will include the following: 24-hour hotline; emotional support; accompaniment for forensic medical examination; accompaniment for investigative interview; and referral and education. Another consideration is that a staff member be identified that will serve as the formal victim advocate if an agreement cannot be reached with a community agency or one is not available. Information regarding the Children's Advocacy Center is provided to residents and the address is posted during the interim until more permanent services are available. Currently the Children Advocacy Center services are available to a victim after a request directly to the agency from a law enforcement agency or the child welfare agency.

Provisions (f) and (g):

Provision (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

Provision (g): The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature is investigated by law enforcement. Allegations of sexual abuse and sexual harassment regarding residents under 18 years old will be investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI). If local law enforcement is not already involved, CD-OHI will make contact for a co-investigation. Allegations regarding residents 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff. Both agencies utilize a uniform protocol regarding PREA investigations. The memorandum from the Chief of Investigations, Division of Legal Services, Investigations Unit provides the required information regarding PREA investigations.

Provision (h):

	<p>For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>The Regional Administrator is seeking arrangements for victim advocacy services as confirmed through interviews and written correspondence. The background and training of some treatment staff provide them with familiarity of general sexual assault and forensic examination issues and they may be of service to a resident as an advocate if needed prior to formal arrangements with a community agency or agency staff.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 3.8, Employee Conduct</p> <p>Agency Policy 6.1, Programmatic Rights of Youth & Grievance</p> <p>Agency Policy 9.18, PREA</p> <p>Abuse Hotline Call Form</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Agency Head Designee/PREA Coordinator</p> <p>Investigative Staff</p> <p>Provision (a):</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the requirements as verified through interviews. During the past 12 months there were no allegations of</p>

sexual abuse or sexual harassment. The agency's website provides the information and policy for reporting allegations of sexual abuse and sexual harassment. PREA information, including how to report allegations, is posted in various areas of the facility. The information is posted in areas accessible to youth, staff, contractors, volunteers and visitors.

Provisions (b) and (c):

Provision (b): The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Policies 3.8 Employee Conduct, 6.1 Programmatic Rights of Youth and Grievance Process, and 9.18, PREA; interviews with the Superintendent and other staff ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI) and law enforcement where indicated. The Superintendent, Assistant Regional Administrator, Regional Administrator, PREA Coordinator ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI) and local law enforcement where indicated. Allegations regarding residents 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff. When residents under 18 are involved in an allegation DLS will also contact the Missouri Children's Division. The investigative entities utilize a uniform protocol regarding PREA investigations.

Provision (d):

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The agency has policies governing administrative investigations. The agency utilizes trained investigators. Administrative investigations are conducted by a trained investigator and allegations that are criminal in nature are referred to law enforcement.

Provision (e):

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

	<p>The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p> <p>Agency Policy 3.18, Training</p> <p>Training Curriculum</p> <p>Interviews:</p> <p>Random Staff</p> <p>Provisions (a) and (c):</p> <p>Provision (a): The agency shall train all employees who may have contact with residents on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;

(8) How to avoid inappropriate relationships with residents;

(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

(11) Relevant laws regarding the applicable age of consent.

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

Interviewed staff members were generally familiar with the PREA information as contained in policy and the PREA training module for staff. Training refreshers are provided annually. PREA training is provided to staff, as indicated by a review of policies and training documents and interviews. The training is provided as prescribed in the standard provision.

Provision (b):

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

The facility houses males and the training considers the needs of the population served as well as the training being adaptable to all populations. Policies and interviews support training being tailored to the needs and attributes of the population served. All staff within the facility are provided PREA training.

Provision (d):

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

The PREA training reviewed was documented electronically and through sign-in sheets and verified through staff interviews. Training certificates and acknowledgement statements also document staff training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

115.332	Volunteer and contractor training
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 472 378">Documents:</p> <p data-bbox="280 412 639 445">Agency Policy 9.18, PREA</p> <p data-bbox="280 479 1358 557">Agency Policy 9.19, Volunteers, Practicums, Interns, and Community Liaison Councils</p> <p data-bbox="280 591 836 624">Training Acknowledgement Statements</p> <p data-bbox="280 669 461 703">Interviews:</p> <p data-bbox="280 736 432 770">Contractor</p> <p data-bbox="280 804 480 837">Volunteers (2)</p> <p data-bbox="280 882 496 916">Provision (a):</p> <p data-bbox="280 949 1453 1117">The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="280 1151 1477 1565">Policies require volunteers and contractors who have contact with residents to be trained regarding PREA and their responsibilities about sexual abuse prevention, detection, and response to allegations of sexual abuse and sexual harassment. The contractor and volunteers provide services to the residents. Policy 9.18, training records, interviews and signed acknowledgement statements document the training occurs. The training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment. The interview with two volunteers and a contractor confirmed their understanding of the facility’s zero-tolerance of sexual abuse and sexual harassment and how to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="280 1599 496 1632">Provision (b):</p> <p data-bbox="280 1666 1474 1879">The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="280 1912 1477 2080">The PREA training informs participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The interviews revealed familiarity with the</p>

	<p>zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Training is documented and interviews confirmed the receipt and awareness of the PREA training. The interviews indicated the participants understand the PREA training received. Training acknowledgement statements are signed by the training participants.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 8.3, Individual Education Program Special Education-Section 504</p> <p>Agency Policy 9.5, Residential Care</p> <p>PREA Education/Safety 1st Manual (English and Spanish)</p> <p>Posted Information (English and Spanish)</p> <p>Educational Videos</p> <p>Interviews:</p> <p>Residents</p> <p>Intake Staff</p> <p>Provisions (a) and (b):</p> <p>Provision (a): During the intake process, residents shall receive information explaining, in an age- appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Provision (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from</p>

sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The policies provide that all youth admitted to the facility receive information about the facility, including PREA education. Directions are provided on how to report allegations of sexual abuse and sexual harassment. They are also informed of the right to be free from retaliation for reporting. The Safety 1st Manual provides information on how to report allegations of sexual abuse and sexual harassment. A sample of signed acknowledgement statements and rosters were reviewed which supported the youth's involvement in PREA education sessions. The Safety 1st Manual is attached to the Student/Parent Handbook which is provided to both youth and parents as indicated. The PREA related information is provided to staff in policies and procedures, training, staff meetings, and posted information.

Provision (c):

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

Each youth admitted to the facility receive PREA education. The process for ensuring youth receive the information, including the youth signing a form designated to acknowledge the training, was discussed in the interview. The intake staff and resident interviews and documentation confirmed the PREA education sessions occur. The residents interviewed were aware of their rights regarding PREA and how to report allegations and that they would not be punished for reporting.

Provision (d):

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

The facility has the capability of providing the PREA education in formats accessible to all residents including those who may be limited English proficient; Deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. The residents have the opportunity to read the Safety 1st Manual and it is also read to them by staff. The facility has the PREA related information posted in the dorms and other areas at various eye levels accessible to residents, staff and visitors. The facility has access to interpretive, translation and other support services as needed. Staff interviews confirmed youth are not used as translators or readers for other youth. Staff from this facility and other agency staff members may be used to provide support and interpreter services to youths as needed and to ensure access to services that will provide disabled residents the opportunity to participate in PREA education sessions. The facility has access to PREA brochures in various languages.

The review of documentation, including policies and procedures, address the rights of residents and access to services. The provision of PREA education and ongoing information is to be provided to residents in a manner sensitive to limited English proficiency and disabilities. The facility staff has access to resources for interpreters and other support services, including services for the hearing impaired, intellectual disabilities, and based on the individual needs of each resident. The targeted interviewees revealed the PREA education is provided in understanding formats such as the PREA education handbook, video, staff's verbal presentation, and refresher information. The targeted interviews also revealed that the residents have staff to explain information to them and assist with their understanding.

The education, counseling and other staff may assist in providing PREA education sessions with residents that may have a disability. The Group Leader, Assistant Superintendent and Superintendent will assist in securing accommodations needed to address the needs of the residents to ensure equal opportunity to the access of information regarding PREA. The Superintendent ensures access to interpreters and effective professional communicators for residents who may be limited English proficient, hard of hearing, deaf, can't read well, or other disabilities. Written materials will be provided in formats or through materials that ensure effective communication in accordance with Policy 8.3.

Residents with disabilities and who are limited English proficient will be provided with the accommodations that would enable the identified youth to participate in or benefit from all aspects of the PREA education sessions with the goal of preventing, detecting, and responding to sexual abuse and sexual harassment. Contracts exist between the State agency and vendors for language and documenting interpreter services and sign language interpreter services. The contracts and interview with the Superintendent confirm the provision of professional interpreting services as needed to ensure the residents' understanding of PREA and other information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially. The accommodations for residents may also include providing a copy of the PREA information in Spanish. The grievance form, used for reporting allegations of sexual abuse or sexual harassment, is also available in Spanish.

Provision (e):

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

Signed acknowledgement statements support the residents' involvement in PREA education sessions. The interviews with the residents and intake staff and

documentation confirm PREA education sessions occur. The residents were aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such.

Provision (f):

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

The interviews with the residents and observations confirmed PREA information is continuously and readily available and visible to residents during their stay in the facility in all parts of the facility. The PREA education materials provide residents information on how to report allegations of sexual abuse and sexual harassment. PREA information is easy to read and is posted in varying eye levels, provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. Much of the posted information also contains pictures. The printed materials collectively provide information on sexual abuse and sexual harassment; steps victims may take; safety tips; resource information; and reporting information. Each resident is provided a Safety 1st Manual which contains PREA information.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Missouri Division of Youth Services does not conduct administrative or criminal investigations. Allegations of sexual abuse and sexual harassment are investigated by the Missouri Children’s Division, Out of Home Investigation Unit (CD-OHI) and law enforcement where indicated. The Superintendent, Assistant Regional Administrator, Regional Administrator, PREA Coordinator ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children’s Division, Out of Home Investigation Unit (CD-OHI), Division of Legal Services, and/or local law enforcement where indicated. Allegations regarding residents 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff. When residents under 18 are involved in an allegation, DLS will also contact the Missouri Children's Division. The investigative entities utilize a uniform protocol regarding PREA investigations.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 3.18, Training</p> <p>Agency Policy 9.18, PREA</p> <p>Interviews:</p> <p>Medical/Mental Health Staff</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Policy requires medical and mental health staff members to receive the regular PREA training as well as the specialized training provided through the agency. Electronic training logs and the interview document regular PREA training and the specialized training for medical and mental health staff members and the interview and documentation confirmed the training. Due to a vacancy, the medical staff assists in the dual role of clinical staff and is supported by the regional mental health staff member.</p> <p>Provision (b):</p> <p>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>Forensic examinations are not conducted by facility staff.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>Electronic training logs and interviews with medical/mental health staff confirmed receipt of the regular and specialized training. The regular and specialized PREA training is provided online and in person. Regular and refresher PREA trainings are</p>

	<p>also provided online and at the facility through sessions incorporated in staff meetings and courses.</p> <p>Provision (d):</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner’s status at the agency.</p> <p>Medical/mental health staff completed the general training that is provided for all employees as indicated by training documentation, policy and the interview. The standard PREA training is provided to all employees and the specialized training is provided through online courses; however, some related training specific to medical/ mental health staff may also be conducted in person.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 6.7, Administrative Case Review</p> <p>Agency Policy 9.18, PREA</p> <p>Agency Policy 9.1, Comprehensive Assessment</p> <p>Agency Policy 9.5, Residential Care</p> <p>Administrative Case Review Reports</p> <p>PREA Vulnerability Information Review-Screening Results and Follow-up Notification Form</p> <p>Dual Jurisdiction Review</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening/PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Provision (a):</p>

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The identified policies ensure all youth admitted to the facility are properly screened to reduce the risk of sexual abuse by or upon a resident. Staff and resident interviews and a review of documentation confirmed residents are screened for risk of victimization and abusiveness. The PREA Vulnerability Information Review (PVIR) screening instrument is completed within 72 hours of intake. Based on the interviews with the Superintendent and the residents, the PVIR is completed in accordance with policy. The PVIR is used to obtain the information required by the standard.

The staff responsible for the risk screening described how the PVIR is completed. The Superintendent serves in the capacity of a risk screener. He starts out by asking questions in an effort to build a rapport. Additional information or verification of information may be obtained through a review of the court packet. Policy 6.7 requires an Administrative Case Review be conducted for each youth every six months from date of commitment; this function serves to reassess the risk level of the resident.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

An objective screening instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; disabilities; and a resident's concern regarding their own safety. The screening instrument allows the risk screener to review and compare the data based on the information received where identified responses can identify any special needs and safety concerns. Assessments are conducted through the use of the objective primary instrument, PVIR, which contains items that collectively provide a presumptive determination of risk for victimization or abusiveness. Additional assessment tools are used in the facility by staff to collectively measure various risks, including sexual safety.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;

- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instruments and processes and determined the items required by this provision of the standard are included within the instruments used and was also verified by the interviews. The interview with the risk screener confirmed awareness of the elements of the risk screening instrument and the use of the instrument was explained. The interviews and review of documentation revealed the practice is that the instrument is generally administered the first day of the youth's admission to the facility.

Provision (d):

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

The information to complete the risk screening instrument is gleaned from various sources. Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth, review of the court records, and other assessments conducted prior to and after arrival to the facility. The facility is aware of the youth's pending arrival to the facility and treatment staff has the opportunity to review the resident's records in an effort to prepare for the needs prior to arrival. Additional assessments and screenings are completed as the resident moves through the intake process to obtain supportive information for treatment planning and keeping the resident safe.

Provision (e):

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Staff take appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files in a locked and secure manner, in locked cabinets behind lockable doors. The agency files are maintained in a confidential

	<p>manner. The online information on computers is password protected and is only accessible to identified staff. Strong safeguards of confidentiality are practiced by the agency. Staff training includes information regarding confidentiality of information concerning residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 6.1, Programmatic Rights of Youth & Grievance</p> <p>Agency Policy 9.8, Separation</p> <p>Agency Policy 9.18, PREA</p> <p>PREA Vulnerability Information Review (PVIR)</p> <p>Interviews:</p> <p>PREA Compliance Manager/Staff Responsible for Risk Screening</p> <p>Provision (a):</p> <p>The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>The PREA Policy ensures the information from the risk screening instrument is used to protect residents. The information obtained through the administration of the PVIR assists in determining housing, bed, education and other program assignments with the goal of keeping all youth safe and meeting needs of each youth. The PREA policy and other agency policies support the requirements of this Standard. The policies collectively provide guidance to staff regarding the use of the information obtained from the screening instrument and any indication for special services.</p> <p>Provision (b):</p> <p>Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any</p>

period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The agency has policy 9.8, Separation, which governs the process of the resident being removed from the general population; employees must be physically located in the same room with the resident. The resident may be separated for up to 12 hours, at which time, education and treatment services are continued. According to the interviews, no resident has been placed on separation status due to the risk of being sexual abused.

Provision (c):

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

Gay, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status, in accordance with the policy. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the site review, there were no rooms or units observed or identified to be reserved for LGBTI youth. Housing assignments for LGBTI youth will be made on a case-by-case basis as supported by policies and interviews.

Provision (d):

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

Policy and interviews support that housing and program assignments for transgender or intersex residents will be made on a case-by-case basis which was evident from staff interviews and observations. Staff considers on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staffs' awareness and the importance of their efforts in keeping transgender and intersex youth safe.

Provision (e):

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

experienced by the resident.

The interview with the Superintendent/Risk Screener and policy provide placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. The interview confirmed awareness of policy. There were no transgender or intersex residents identified in the facility during this audit.

Provision (f):

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

The resident's concern for their own safety is taken into account through the administration of the PVIR and other screening instruments, treatment team meetings, individual sessions and informal interactions with mental health, case management and other staffs. The aforementioned will be the methods used to garner a transgender or intersex resident's views regarding their personal safety. There were no identified transgender or intersex residents in the facility during this audit period.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender or intersex residents will be given the opportunity to shower separately from other residents which is supported by interviews and policy.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Policy supports that a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided if such occurs. There weren't any residents determined at risk of sexual victimization that were placed in isolation in the 12 months preceding the audit. Interviews revealed familiarity regarding the policy and use of isolation as protective custody.

Provision (i):

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

	<p>The interview with the Superintendent/PREA Compliance Manager/Risk Screener revealed awareness of policy, procedures and aligned practices to be implemented when there are residents who identify as transgender or intersex within the population. Each youth's concern for his own safety is taken into account through the administration of the PVIR and other assessments and, according to youth interviews, various encounters with staff. Policy 9.8 provides guidance to staff when a youth may be separated from others when other crisis intervention strategies are not effective. The facility does not have a separation room.</p> <p>Conclusions:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Agency Policy 6.1, Programmatic Rights of Youth & Grievance</p> <p>Agency Policy 9.18, PREA</p> <p>Agency Policy 3.8, Employee Conduct</p> <p>Missouri State Statute 210.115</p> <p>Student-Parent Handbook</p> <p>Safety 1st Manual</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Random Staff</p> <p>Residents</p> <p>Provision (a):</p> <p>The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The Student/Parent Handbook outlines the internal methods for a resident to report</p>

allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse and sexual harassment through the abuse reporting telephone hotline which is not a part of the facility. The Safety 1st manual, supplement to the Student/Parent Handbook, contains information for reporting allegations of sexual abuse and sexual harassment of residents. Reporting information is also posted in various areas of the facility at varying eye levels and is easily readable.

The residents interviewed identified someone who did not work at the facility that they could report to about sexual abuse or sexual harassment. The random staff and resident interviews collectively revealed residents may use the telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number through posted information and other printed information. Residents and random staff reported that reporting an allegation of sexual abuse may also be done in writing, anonymously, and by telling a staff member.

Staff members revealed they are required to immediately report and document all verbal reports received, alleging sexual abuse or sexual harassment. Staff members receive information on how to report allegations of sexual abuse and sexual harassment through policies and procedures, training, staff meetings, and posted information.

Provision (b):

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

The random staff and resident interviews collectively revealed residents may use the telephone to access the abuse reporting hotline, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number through posted and other printed information. The hotline is managed by the Missouri Department of Social Services, independent of the facility. The hotline number and telephone on the unit were tested. The operator picked up the telephone promptly and explained how the call would be routed if it was not a test call. The caller is given the opportunity to make a report of an allegation and remain anonymous upon request. Residents are not detained solely for civil immigration purposes. Hotline information for reporting allegations of sexual abuse and sexual harassment is posted throughout the facility including toll free numbers for callers that may be speech or hearing impaired and a number for a text is also provided.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.

Random staff interviews revealed residents may use the abuse reporting hotline to privately report sexual abuse and sexual harassment. Internal ways a resident may report include completing a grievance form to make the report in writing; talking to a trusted staff member; and third parties may report allegations to the facility staff and through the hotline. The residents and staff were aware third-party reports could be made and that reports could be made anonymously. The grievance form may be completed and placed in the locked box which is accessible to all residents on a daily basis with its new location in the common area. Access to writing tools is provided for residents so they are able to complete forms available to them. The residents and staff members are aware of the methods for reporting allegations of sexual abuse and sexual harassment, according to interviews.

Provision (d):

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

Observations during the site review and interviews revealed writing materials are available for residents to complete forms or write notes regarding an allegation of sexual abuse or sexual harassment. Each resident is provided a handbook which contains information regarding reporting allegations and the residents are confirmed of the reporting methods during PREA education sessions. The interviews, review of documents and facility practices revealed that residents are provided the tools to make written allegations of sexual abuse and sexual harassment.

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews collectively revealed staff may privately report allegations of sexual abuse and sexual harassment through a call to the abuse reporting hotline, private meeting with supervisor/management; or put the allegation in writing.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>When a grievance form is received alleging sexual abuse or sexual harassment, the policy and procedures for reporting allegations will be initiated and a report completed as required. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported to the abuse reporting hotline and the allegations may be investigated by the Missouri Children’s Division, Out of Home Investigation Unit (CD-OHI), Division of Legal services, and/or law enforcement. The residents interviewed identified the use of a grievance form as one of the methods that may be used to report allegations of sexual abuse or sexual harassment. The grievance box was relocated from the gymnasium entrance to a common area where residents have access to everyday; it was also recommended that the locked box be checked daily.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p> <p>Agency Policy 6.2, Legal Representation</p> <p>Agency 6.5, Youth's Visits, Mail and Telephone Privileges</p> <p>Student-Parent Handbook</p> <p>Letter of Agreement</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Residents</p> <p>Regional Administrator</p> <p>Advocacy Agency Representative</p> <p>Provision (a):</p> <p>The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil</p>

immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Interviews revealed that nine of 11 residents interviewed knew that victim advocacy services are available outside of the facility. The contact information for the advocacy agency is posted in the living unit accessible to residents. The agency will provide services to the residents through a referral from an investigating agent. The posted information contains the address of the agency; the residents cannot contact the agency directly for services. Referrals are accepted from law enforcement agencies investigating allegations of sexual abuse. The agency services are confirmed in a letter of agreement from the Child Advocacy Center. The provision of services was confirmed by a telephone call to the agency by the Auditor; the Child Advocacy Center serves an identified 11 county area. The professional services include but are not limited to forensic medical examinations, interviews, and support. The Student-Parent Handbook references where the information is posted in the facility. There have been no allegations of sexual abuse or sexual harassment during this audit period.

The advocacy agency and facility understand that victim advocacy services will be provided at no cost to the victim. The facility and regional staff servicing the facility also have qualified staff members such as medical and mental health providers that may provide support services to a victim until a more permanent solution is identified with a community advocacy agency. The Regional Administrator is in the process of determining the best course for the provision of advocacy services through a community agency or internally with agency staff to provide victim advocacy services that may be contacted directly by the resident or facility staff as needed. The alternative to a community agency will be an identified staff member that will serve as the formal victim advocate that will provide the component of the standard of the victim making direct contact with the advocacy agency.

Provision (b):

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

Policy, facility staff interviews and the PREA education sessions provide that there will be adherence to confidentiality measures. The agency ensures safeguards regarding confidentiality of information regarding residents and services provided. Information regarding the Children's Advocacy Center is provided to residents during PREA education.

Provision (c):

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

enter into such agreements.

The interviews document the provision of advocacy services including but not limited to emotional support; accompaniment through the forensic medical examination and investigation interview; access to counseling services; and referrals. A letter of agreement from the representative of the advocacy agency and telephone interview confirm the availability of advocacy services to an alleged victim as a result of a referral by the investigating agency. Policy and practice support confidentiality regarding advocacy services to victims of sexual abuse. The Regional Administrator is in the process of determining the best course of action for the provision of advocacy services through a community agency or internally with agency staff to provide victim advocacy services that may be contacted directly by the resident or facility staff as needed. Once the services are finalized, the contact information, including telephone number and address for the agency or advocate must be updated or posted for the residents' access, based on the arrangements.

Provision (d):

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

The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by policy, interviews and the Student-Parent Handbook. Residents are provided the opportunity to communicate with guardians, attorneys, court workers, and other approved visitors. All residents interviewed confirmed communication opportunities occur through telephone calls, written communication, and visitation. The residents interviewed stated family may visit and provided the days and times of visitation and telephone calls. Residents confirmed they have someone on the outside to report allegations of sexual abuse and sexual harassment to if needed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Agency Policy 9.18, PREA Posted Information

	<p>Agency Website</p> <p>Student-Parent Handbook</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Provision:</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The interviews revealed awareness of the obligation to receive and submit reported allegations from a third-party. The staff members are aware they may report allegations privately through the use of the abuse reporting hotline. Staff members stated they are to document verbal reports received. The residents identified the methods within the facility in which they may make third-party reports such as telling staff or parents, completion of a grievance form, and the abuse reporting hotline. The agency website contains the information needed for third-parties to report allegations of sexual abuse and sexual harassment.</p> <p>Information regarding reporting is posted within the facility and accessible to residents, staff and visitors. Reporting information is also provided in the Student-Parent Handbook. All residents interviewed indicated knowing someone who did not work at the facility they have contact with and could report allegations of sexual abuse and sexual harassment. It was determined that a person outside of the facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name. The posted information for reporting allegations also includes a telephone number for texting. There were no third-party reports of sexual abuse or sexual harassment received during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance with this standard.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p>

Agency Policy 3.8, Employee Conduct

Department Policy 2-101, Sexual Harassment-Inappropriate Conduct

Interviews:

Superintendent/PREA Compliance Manager

Medical/Mental Health Staff

Random Staff

Provisions (a) and (b):

Provision (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Policies 3.8 and 9.18 support that staff members are required to immediately report any knowledge, suspicion, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The facility does not conduct administrative or criminal investigations. Staff members are deemed as mandated reporters by the State. Trained investigators conduct administrative investigations and allegations that are criminal in nature are investigated by trained law enforcement investigators. The facility and agency policies provide guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder. Policy and Procedures 9.18 and staff interviews confirmed facility and agency staff members are not responsible for conducting administrative or criminal investigations. There were no allegations of sexual abuse or sexual harassment during this audit period.

Allegations of sexual abuse and sexual harassment regarding residents under 18 years old will be investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI). If local law enforcement is not already involved, CD-OHI will make contact for a co-investigation. Allegations regarding residents 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff. Staff interviews revealed awareness of the requirements regarding reporting duties. During interviews, staff members acknowledged they are mandated reporters and a written report must immediately follow verbal allegations or incidents.

Provision (c):

Apart from reporting to designated supervisors or officials and designated State or

local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policies collectively address confidentiality of information and the conditions for providing information. Once allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary for the investigation and treatment and management decisions. The agency practice is strict confidentiality regarding the sharing of sensitive information.

Provision (d):

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

The clinical staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff member to report. A dedicated form will be used for this purpose and the interview revealed that indication may also be documented in the Nurses Notes. The clinical staff members are also mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with policy and State requirements.

Provision (e):

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

Reports of allegations are made as soon as possible to the investigative entities and parents/legal guardians. The allegations are reported by the Superintendent or designee. Policy and interview with the Superintendent confirmed a resident's caseworker rather than a parent would be notified where indicated the resident being under the guardianship of the child welfare agency. The resident's attorney will be notified of an allegation of sexual abuse within 14 days, where applicable. Policy, staff training and the Coordinated Response Plan provide the appropriate timelines and directions to staff for reporting allegations of sexual abuse.

	<p>Provision (f):</p> <p>The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.</p> <p>Policy and interviews provide for all allegations of sexual abuse and sexual harassment to be reported to the appropriate investigative entities. Sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to law enforcement. Third-party and anonymous reports received must be reported and documented by staff as confirmed through interviews.</p> <p>Conclusion:</p> <p>The review of evidence and interviews indicate the facility is in compliance with this standard.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents:</p> <p>Policy and Procedures 9.18, PREA</p> <p>PREA Vulnerability Information Review (PVIR)</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>DYS Policy 9.18 requires staff to protect the residents through implementing protective measures. Administration of the screening instrument, PVIR, and other screening methods all provide information that assist and guide staff in keeping the residents safe. Protective measures revealed during the interviews include alerting supervisor, administrator and other staff; creation of a Safety Plan to be followed by staff; separating residents involved; documenting the situation; closer supervision by staff; and transfer of resident to another facility, if needed. The consensus of the</p>

	<p>interviews revealed that any protective measures will be implemented immediately.</p> <p>According to the PREA Pre-audit Questionnaire and the interview with the Superintendent, no resident was identified as an imminent risk of sexual abuse. The interviews with residents indicated feelings about their own safety are part of the inquiries by staff during intake and during an annual reassessment. Informal conversations revealed that inquiries about the residents' safety are made periodically from various staff members and in group meetings of residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Agency Policy 9.18, PREA</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provisions (a)-(d):</p> <p>Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Provision (c): The agency shall document that it has provided such notification. Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>If an allegation is received that a resident was sexually abused while confined at another facility, the Superintendent understands he will notify the head of the facility where the alleged abuse occurred. The notification will be made as soon as possible and within 72 hours in accordance with policy. Agency policy requires proper notifications to be made, including to the facility head where the alleged abuse occurred, upon receipt of an allegation a resident was sexually abused while</p>

	<p>confined in another facility. The Superintendent must also notify the appropriate investigative entities to report the incident for an investigation to be conducted.</p> <p>The facility reports during this audit period, there has not been a report about an incident of abuse occurring while a youth was confined in another facility. The Superintendent is aware of the requirements and the required duties regarding reporting to other confinement facilities and the requirement that allegations received from other facilities must be investigated. The facility has no receipt of reports from other facilities during the previous 12 months.</p> <p>Conclusion:</p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy and Procedures 9.18, PREA</p> <p>First Responder Protocols for Sexual Abuse</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>Provision (a):</p> <p>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>The interviews and staff training information collectively support the training areas</p>

provided in this standard. There were no allegations or incidents where staff had to act as a first responder in the last 12 months. Policy and training provide that upon learning of an allegation that a resident was sexually abused, the general staff response would collectively include the elements of the Standard. The coordinated response plan, First Responder Protocols for Sexual Abuse, require any staff acting as a first responder to summarily separate the alleged victim from the alleged abuser; call for help; and take the appropriate steps for the preservation and collection of any evidence. The First Responder Protocols, in addition to other instructions, direct the first responder to request the alleged victim does not wash; brush their teeth; change clothes; wash; eat; use the toilet; or do anything that may destroy evidence. Staff members are aware of their duties and responsibilities as first responders. There were no allegations of sexual abuse reported in the past 12 months.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance. There were no allegations or incidents where any staff member had to act as a first responder in the last 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Division of Youth Services Coordinated Response to Reports of Sexual Abuse</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Random Staff</p> <p>Regional Administrator</p> <p>The facility shall develop a written institutional plan to coordinate actions</p>

	<p>taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility has a written plan, Division of Youth Services Coordinated Response to Reports of Sexual Abuse, to be implemented in the event of an allegation or incident of sexual abuse. The plan outlines the actions of the identified staff members such as first responder; supervisors; medical; mental health; and management. The Coordinated Response to Reports of Sexual Abuse plan provides guidance to staff regarding their identified roles and actions to take when there is an alleged incident of sexual abuse. Staff members interviewed were familiar with their role regarding the response to an allegation of sexual abuse. The Coordinated Response to Reports of Sexual Abuse Plan is maintained in a notebook on the medical cart in the dorms, accessible to all staff.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Interview:</p> <p>Agency Head Designee</p> <p>According to the interview, the agency has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p>

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy 9.18, PREA</p> <p>Department Policy 2-101, Sexual Harassment/Inappropriate Conduct</p>

Retaliation Monitoring Form

Interviews:

Superintendent/PREA Compliance Manager/Retaliation Monitor

Agency Head Designee

Provision (a):

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

Policy supports protecting 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. The Superintendent/PREA Compliance Manager is responsible for conducting and ensuring retaliation monitoring. The retaliation monitoring activities will be documented on the dedicated form and include any actions taken. Policies 9.18 and 2-101 and the interviews collectively provide protection to residents and staff from retaliation. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (b):

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

General protective measures were identified during the interviews, aligned with policy. Implementation measures to protect residents from retaliation include but are not limited to housing changes for resident victims or abusers; moving alleged staff or resident from the program; closer monitoring; and emotional support through open communication. The retaliation monitoring will be documented and follow-up checks with the parties involved ensure safe feelings and identifies whether retaliation is occurring.

Provision (c):

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

monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Policy provides that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period may last longer, based on need, in accordance with the interviews and policy.

Provision (d):

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

Policy and the interviews indicate that status checks will occur as a part of retaliation monitoring. The interview with the Superintendent revealed that initial contact will be made, follow-up checks will occur and be documented. Observations revealed the Superintendent interacts with staff and residents and maintains a communicative relationship. The interview emphasized a continuous line of open communication with residents and staff regarding retaliation monitoring.

Provision (e):

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

Policy application is extended to those who cooperate with an investigation if there is a concern regarding retaliation. The interview and policies indicate the appropriate measures will be taken to protect any related individuals against retaliation.

Provision (f):

An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The obligation to monitor for retaliation terminates if it is determined that the allegation is unfounded. The interviews determined familiarity with the requirements regarding retaliation monitoring.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <p>Agency Policy 9.8, Separation</p> <p>Agency Policy 9.18, PREA</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical/Mental Health Staff</p> <p>Provision (a):</p> <p>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>Policies guide staff on measures to be taken to protect residents but does not include segregated housing for alleged victims. The practice is that segregated housing is not used in the facility to protect residents who alleged to have suffered sexual abuse. However, facility policy exists regarding separation of a resident for up to 12 hours without the approval of the Superintendent, Assistant Regional Administrator, Regional Administrator, and Deputy Director. Policy 9.8 supports the separation of residents and provides timelines and other parameters. Separation of an alleged victim will be used as a last resort when it is alleged the resident suffered sexual abuse and until alternative means of keeping the resident safe can be arranged. The resident's treatment team will be convened to determine interventions and possible actions. The Superintendent reported that when additional safety measures are indicated, a Safety Plan will be developed by the treatment team and include changing dorms and provide the resident with the additional opportunity to talk about the situation to someone. The medical/mental health staff indicated that formal isolation is not used in the facility.</p> <p>Conclusion:</p> <p>Based upon the review of policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p> <p>Agency Policy 3.8, Employee Conduct</p>

Agency Record Disposition Schedule

Interviews:

Investigative Staff

Superintendent/PREA Compliance Manager

PREA Coordinator

Provision (a):

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

Policies 3.8 Employee Conduct and 9.18, PREA and the interviews ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI) and law enforcement where indicated. The Superintendent, Assistant Regional Administrator, Regional Administrator, PREA Coordinator ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children's Division, Out of Home Investigation Unit (CD-OHI), Division of Legal Services, and/or local law enforcement where indicated. Allegations regarding residents 18 years and older will be investigated by the Division of Legal Services (DLS) Investigation Unit. DLS will contact local law enforcement for a co-investigation if they are not already involved due to being called directly by facility staff. When residents under 18 are involved in an allegation, DLS will also contact the Missouri Children's Division. The investigative entities utilize a uniform protocol regarding PREA investigations.

Provisions (b) and (c):

Provision (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334. Provision (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The investigative staff members are trained through their agencies, Children's Division and Division of Legal Services. The investigators with the Division of Legal Services may conduct administrative investigations and assist law enforcement with investigations that are criminal in nature. Investigators gather and preserve direct and circumstantial evidence such as any DNA, logs, text messages, clothing, and statements. Among other activities, the investigator may review video and gather witness statements.

Provision (d):

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

The interview with the investigative staff confirmed the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment.

Provision (e):

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

The law enforcement agency will conduct any compelled interviews.

Provision (f):

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

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and nothing is discounted according to the interview. Credibility is not determined by the person's status as a resident or staff. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation, confirmed by the interview.

Provisions (g) and (h):

Provision (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse. (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Provision (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policies 3.8 Employee Conduct, 6.1 Programmatic Rights of Youth and Grievance Process, and 9.18, PREA; interviews with the Superintendent and other staff ensure allegations of sexual abuse and sexual harassment are investigated by the Missouri Children's Division, Division of Legal Services and/or law enforcement. The primary responsibility of the Division of Legal Services is to determine whether staff actions or failures to act contributed to the sexual abuse. The investigative staff described a holistic approach is used in making the determination and whether opportunities for improvement exist for but not limited to policy and procedures changes and/or

enhanced training; and the need for any re-training for staff. The investigative entities utilize a uniform protocol regarding PREA investigations. All investigations are completed with written reports that include a description of the evidence and investigative facts and findings. The written report contains details regarding the investigation including but not limited to the initial call or allegation; list of interviews; attached exhibits; any police reports; and review of any video.

Provision (i):

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

It is the responsibility of law enforcement personnel to refer cases for prosecution.

Provision (j):

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

The written investigative reports are maintained in accordance with the agency's records retention schedule.

Provision (k):

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

The interview with investigative staff confirmed that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The investigative agencies are aware of the PREA standards requirements through the initial sharing of PREA information by the statewide PREA Coordinator.

Provision (m):

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

Staff is to cooperate with investigators and the facility is kept informed of the progress of an investigation through the Regional Administrator due to communication with the statewide PREA Coordinator. The investigative staff

	<p>maintains contact with the agency's human resources office and the statewide PREA Coordinator.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Child Welfare Manual, Section 2</p> <p>Interview:</p> <p>Investigative Staff</p> <p>Provision:</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The Division of Youth Services does not conduct administrative or criminal investigations. The investigative staff with the Division of Legal Services, provided that an investigator conducting administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated. He also added the standard is beyond a reasonable doubt regarding a criminal investigation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the evidence and interview, the Auditor determined the facility is compliant with this standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

Agency Policy 9.18, PREA

Notification to Youth Form

Interviews:

Superintendent

Investigative Staff

Provision (a):

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

The agency does not conduct administrative or criminal investigations of sexual abuse or sexual harassment; the investigations are initiated by outside investigative entities. Policy addresses the resident being informed when a sexual abuse investigation is completed and the outcome of the investigation provided in writing. The results of such investigations will be documented and provided to the resident. The interview revealed awareness of the requirement. There were no allegations of sexual abuse or sexual harassment during this audit period.

Provision (b):

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

The agency does not conduct administrative or criminal investigations regarding sexual abuse or sexual harassment. The Superintendent remains abreast of an investigation through the agency's human resources office and/or Regional Administrator. The results of the investigation will be provided to the resident and documented.

Provision (c):

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

Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

a. The staff member is no longer posted within the resident's housing unit;

- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- d. The staff member has been convicted on a charge related to sexual abuse in the facility.

Provision (d):

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

Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse.
- b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

Policy provides for the notification to the resident be documented and be made by the PREA Compliance Manager. There is familiarity with the requirements by the Superintendent/PREA Compliance Manager. Notifications required to be made in accordance with this standard are the responsibility of the Superintendent/PREA Compliance Manager.

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The agency's obligation to report under this standard terminates if the resident is released from the agency's custody. All notifications or attempted notifications will be documented.

Conclusion:

The interview and review of policy confirmed the facility is compliant with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Agency Policy 9.18, PREA

Department Policy 2-101, Sexual Harassment/Inappropriate Conduct

Department Policy 2-124, Discipline

Interviews:

Superintendent

Human Resources Staff

Provisions (a) and (b):

Provision (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Provision (B): Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Agency Policy 9.18; and Department Policies 2-124 Discipline and 2-101 Sexual Harassment/Inappropriate Conduct collectively address this Standard and include disciplinary sanctions, up to and including termination for those staff violating the facility's zero-tolerance policy. The facility reports during this audit period, no staff member was found to have violated agency policy regarding sexual abuse or sexual harassment.

Provision (c):

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

Any staff with findings other than actually engaging in sexual abuse will be subject to termination, and other measures appropriate to the circumstance of the incident and the other components of the provision and remedial in-service if permitted to return to work. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.

Provision (d):

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,

	<p>shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies.</p> <p>Conclusion:</p> <p>Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document:</p> <p>Agency Policy 9.18, PREA</p> <p>Interviews:</p> <p>Superintendent</p> <p>Volunteers (2)</p> <p>Contractor</p> <p>Provision (a):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Agency Policy 9.18 provides the agency takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer. Any contractor or volunteer who engages in sexual abuse with a resident will be prohibited from contact with residents. The policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies.</p> <p>Provision (b):</p> <p>The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency</p>

	<p>sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The documentation and interviews revealed the facility provided a clear understanding to the volunteers and contractor that sexual misconduct with a resident is strictly prohibited. The PREA training occurs and participants are made aware of the zero-tolerance policy and how to report allegations of sexual abuse and sexual harassment. There have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer during this audit period.</p> <p>Conclusion:</p> <p>Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.08, Separation</p> <p>Agency Policy 9.18, PREA</p> <p>Interviews:</p> <p>Superintendent</p> <p>Medical/Mental Health Staff</p> <p>Provision (a):</p> <p>A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>Agency Policy 9.18 addresses this standard and provides that residents found to have sexually harmed others will be offered therapy, counseling, or other interventions designed to address and correct the underlining reasons for the behavior. The resident's treatment plan may be adjusted as a result of an administration investigation. Also, a resident may be removed from the facility as a result of administrative or criminal findings of an investigation. Sexual activity between residents is prohibited.</p> <p>Provision (b):</p>

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

Reportedly, the facility does not issue disciplinary sanctions. Supportive counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after an incident. Any type interventions or treatment services provided are not as a condition for the resident to access education or other programs. Residents who may be separated from the general population will continue to receive education and treatment services, in accordance with policy.

Provision (c):

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

Treatment modalities consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior. Disciplinary sanctions are not issued; adverse behavior is dealt with therapeutically if the resident remains in the facility.

Provision (d):

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

The facility offers intervention services to address underlying reasons or motivations for a victim's abuse. The interviews with the facility and regional medical and mental health staff revealed that it would be considered whether to offer the offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation. The facility would not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education as determined from the interviews. Staff members are equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents. Mental health services are also provided to the facility by a contractor through telehealth medicine.

	<p>Provision (e):</p> <p>The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>Policy provides that actions be taken regarding contact with staff only upon a finding that the staff member did not consent to such contact. There have been no allegations of sexual abuse during this audit period.</p> <p>Provision (f):</p> <p>For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Any resident reporting in good faith shall be immune from any civil or criminal liability. A report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Provision (g):</p> <p>An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Policy prohibits any sexual conduct between residents. The act constitutes a rule violation when it is not coerced. During the past 12 months there have been no allegations of sexual abuse or sexual harassment. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.</p> <p>Conclusion:</p> <p>Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 9.18, PREA</p>

Agency Policy 7.2, Standards

PREA Vulnerability Information Review (PVIR)

Referral/Refusal Form (medical and mental health services)

Post PVIR Follow-up Form (medical and mental health services)

Consent Form

Nurses Notes Form

Youth Medical Visit Form

Daily Complaint Form (sick call)

Interviews:

Superintendent/Risk Screener

Medical/Mental Health Staff

Provisions (a) and (b):

Provision (a): If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Provision (b): If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Policies and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff revealed that the issues are identified and addressed. The practice is residents are generally seen by medical and mental health staff during the intake process and follow-up is provided immediately when a referral is received. Policies 7.2 and 9.18 address medical and mental health screenings and a follow-up meeting with a medical or mental health practitioner when a youth discloses prior incidents of sexual abuse as a victim or perpetrator. According to Policy 9.18, the follow-up meeting must be held within 14 days of the risk screening. The practice is documented of the youth receiving the follow-up meeting on the same day, next day or next working day.

The Referral/Refusal Form is used to document the referral for follow-up medical and/or medical services. The facility reports 26 residents in the previous 12 months disclosed sexual abuse during the risk screening and seven residents during the previous 12 months disclosed perpetrating sexual abuse. Interviews with the Superintendent, medical staff, targeted interviewees, and review of documentation

confirmed the facility practice of residents being provided timely follow-up by staff regarding disclosure of prior victimization or perpetrating sexual abuse. Information related to sexual victimization or abusiveness which occurred in an institutional setting will be limited to medical and mental health practitioners and other staff, based on their need to know. Due to a staff vacancy, the medical staff in also providing some mental health services supported by regional mental health staff.

Provision (c):

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health information is to be shared with other staff if it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the comprehensive site review, the files were observed to be maintained in a secure manner.

Provision (d):

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

Policy addresses informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. An informed consent form for youth 18 years and older exists and is to be explained to and signed by the resident prior to medical or mental health staff reporting information disclosed about prior sexual victimization not occurring in an institutional setting. The medical/mental health staff also stated that the notation may also be documented in the Nurse's notes.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

Agency Policy 9.18, PREA

Daily Complaint Form

Youth Medical Visit Form

Nurses Notes Form

Interviews:

Medical/Mental Health Staff

Provision (a):

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

Policy and Procedures 9.18 provides for emergency medical care and crisis intervention services. Processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate, at the hospital emergency room. Residents have unimpeded access to emergency services. Medical and mental health services are determined according to the professional judgment of the practitioner. Policies and written coordinated response plan exist for protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse. There were no allegations of sexual abuse during this audit period.

Provision (b):

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

The coordinated response plan and policy provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A review of the documentation and observations of the interactions among residents and staff during the onsite audit phase, and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse. Staff training also prepares staff members to properly report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities. The medical/mental health interview revealed a cooperative working relationship within the facility and that immediate medical care and crisis intervention services will be provided and alleged victim of sexual abuse.

	<p>Provision (c):</p> <p>Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy, review of documentation and interviews confirmed processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. If needed after an incident, follow-up services may be provided by the facility's medical and mental health staff members, supported by regional staff, to provide support services coordinated by staff as needed and services not available within the facility will be contracted. The standard of care within the facility ensures the appropriate medical and mental health follow-up as needed. Follow-up services will include monitoring; follow-up with physician; medication management if needed; and any follow-up treatment for testing conducted at the emergency room.</p> <p>Provision (d):</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>It is documented by policy and understood by medical/mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation. According to the interviews, follow-up services, as needed, may be provided at the facility.</p> <p>Conclusion:</p> <p>Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Agency Policy 7.2, Standards</p> <p>Agency Police 7.3, Special Needs</p>

Agency Policy 7.4, Access to Health Care Services

Interviews:

Medical/Mental Health Staff

Provision (a):

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

Policies and interviews support that medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The interviews revealed that follow-up services will be provided that include but are not limited to monitoring; physician follow-up; medication management; support from mental health services; and referral services as needed. There were no allegations of sexual abuse during this audit period.

Provision (b):

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

Interviews and documentation of encounters confirm on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations, clinical follow-up and referrals as needed. Specialized treatment may also be provided by clinicians on site and through contract, referral and/or telehealth services. Additionally, directions contained in the discharge summary will be followed.

Provision (c):

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

Review of policies, interviews and observations during the comprehensive site review indicated medical and mental health services are consistent with the community level of care. Treatment services may be provided by facility staff and contract services if needed. The interview and observations support that the treatment services at the facility are consistent with the community level of care. Policies ensure ongoing medical and mental health treatment to residents. The interview with the medical/mental health staff and policies confirmed on-going medical and mental health care will be provided for sexual abuse victims and abusers, as appropriate. A medical van visits the facility monthly for the provision of services, including dental.

Provision (d):

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

This is a facility for male juvenile offenders.

Provision (e):

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

The current population is male.

Provision (f):

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

The interviews and policy ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate as confirmed by the medical/mental health staff. The interview revealed that testing conducted at the hospital may be followed-up on at the facility and treatment provided. There have been no allegations of sexual abuse during this audit period.

Provision (g):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to policy and interviews.

Provision (h):

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The interview and policies confirmed the resident will get a mental health evaluation in accordance with the Standard upon knowing of resident-on-resident sexual abuse history and offer appropriate treatment. The regional mental health staff is providing support services to the facility during the staff vacancy. Medical and mental health evaluations and treatment will be offered to resident victims of sexual abuse. Policy provides for interventions designed to address the underlying reasons for residents who have harmed others. Telehealth services are also provided based on a youth's identified needs.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined

the facility is compliant with this standard.

115.386 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy and Procedures 9.17, Critical Incidents

Policy and Procedures 9.18, PREA

Critical Incident Review Form

Interviews:

Incident Review Team Member

Superintendent/PREA Compliance Manager

Provision (a):

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

There were no allegations of sexual abuse during this audit period. Policies and procedures 9.18-PREA and 9.17-Critical Incidents provide for an incident review to be conducted within 30 days of the completion of an investigation of sexual abuse and the findings were substantiated or unsubstantiated. Policy outlines the requirements of the standard for the areas to be assessed by the incident review team which are aligned with the provision of the Standard.

Provision (b):

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

Policy requires that the review occurs within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews will occur within the stated time period. The interviews revealed knowledge of the purpose of the incident review process. No investigations were completed during this audit period regarding sexual abuse and there was not a need for a PREA incident review team meeting.

Provision (c):

The incident review team shall include upper-level management officials, with input

from line supervisors, investigators, and medical or mental health practitioners.

The required positions of the team members, including regional staff, are identified by policy and was identified during the interview of the incident review team member. The interviews revealed knowledge of the purpose of the incident review team and its role in preventing subsequent incidents of sexual abuse.

Provision (d):

The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy, procedures and interviews collectively outline the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The incident review process is required to be documented; however, there were no allegations of sexual abuse during this audit period. The written report will include any recommendations for improvement, in accordance with policy and the interviews. Based on statewide agency practice, the meeting minutes from an incident review team meeting will be documented and consideration will be given in accordance with this provision of the Standard. Recommendations from the meeting are to be implemented by the facility Superintendent or the reasons for not following the recommendations must be documented.

Provision (e):

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

Policy indicates the reasons for not following recommendations are documented.

	<p>The interviews revealed familiarity with the policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident. A dedicated agency form, PREA Incident Review, will be used to document the incident review process and includes the addition of recommendations where indicated. The Superintendent is responsible to ensure recommendations are implemented. The form provides for the identification of the immediate person responsible for the action to be taken, the date to be implemented, and the reason why the recommendation may not be implemented.</p> <p>Conclusion:</p> <p>Based upon the review of policy, procedures, other documentation, and interviews, the Auditor determined the facility is compliant with this standard.</p>
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115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy and Procedures 9.18, PREA</p> <p>Data Collection Instrument</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>PREA Coordinator/Agency Head Designee</p> <p>Provisions (a) and (c):</p> <p>Provision (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Provision (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>Policy 9.18 and reports confirm the agency collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractual residential facilities, using a standardized instrument and specific guidelines. The format used for the facilities captures the information required to complete the most recent version of the Survey of Sexual Victimization, formerly known as the Survey of Sexual Violence, facilitated by the U. S. Department of Justice. Data is collected, aggregated and culminated into an annual report.</p> <p>Provision (b):</p>

The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency aggregates the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual report for the agency which is supported by the reviewed data and Policy.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The data is collected and various types of data are identified and related documents regarding PREA information as applicable. Policy and procedures require that statistical information is maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. The agency collects and maintains data for state-run and contract facilities and aggregates the data which culminates into the agency's annual report.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency collects and maintains data for state-run and contract facilities and aggregates the data which culminates into the annual report. The data is collected from the contract facilities and is included in the agency's annual reports. The data is aggregated at the agency's central office level.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization, formerly known as the Survey of Sexual Violence.

Conclusion:

Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy and Procedures 9.18, PREA

Annual Reports

Interviews:

PREA Compliance Manager

PREA Coordinator/Agency Head Designee

Provision (a):

The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.

The interviews support the review of data and its use to improve the agency's PREA efforts. The interviews and review of documentation revealed the collection of PREA related information. Data is reviewed to assess and improve the effectiveness of prevention, detection and response within the agency as well as individual facilities. The data is also primary to preparing annual reports which also include the review of corrective actions taken regarding PREA related incidents.

Provisions (b)-(d):

Provision (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. Provision (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. Provision (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The annual report is prepared through for the agency's central office and includes data from all State-run and contract facilities within the agency. The annual reports are approved by the agency head/designee. There are no personal identifiers in the reports. The annual reports contain PREA related data that represents previous calendar years allowing for the comparison of data. The overarching annual report for the agency is posted on the agency's website, accessible to the public.

	<p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy and Procedures 9.18, PREA</p> <p>Annual Reports</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Provisions (a)-(d):</p> <p>Provision (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained. Provision (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Provision (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Provision (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection.</p> <p>The data collected is securely stored and maintained for at least 10 years after the date of collection unless a law requires otherwise. Personal identifiers are removed from aggregated data before making the data publicly available. The annual report is available to the public through the agency website. A review of the annual reports verified there are no personal identifiers. All facility and agency records are securely stored in locked cabinets behind locked doors with key control and electronic records are password protected with identified and limited access. The agency has strong safeguards regarding confidentiality of information regarding residents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1474 707">The previous PREA audit was conducted in 2021. The PREA Pre-Audit Questionnaire and supporting documentation was completed in the online audit system. The Auditor was provided additional information through the online system and by email, as requested. The Missouri Division of Youth Services ensured the completion of PREA audits for each State-run and contract facility as required, including this State-run facility. The PREA audit notice was sent to the statewide PREA Coordinator and was posted in the facility within the six-weeks time period prior to the audit. Pictures were taken by facility staff and the posted area was identified, all of which were sent to the Auditor.</p> <p data-bbox="280 748 1437 1030">The comprehensive site review was led by the facility Superintendent and the Assistant Regional Administrator; all areas of the facility where residents go were included and beyond. The areas containing posted PREA related information were observed. The Superintendent, Assistant Regional Administrator, Regional Administrator and statewide PREA Coordinator were cooperative in providing information and participating in or assisting in coordinating the interviews. All interviews were conducted in private.</p> <p data-bbox="280 1070 1474 1267">The PREA notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents or staff.</p>

115.403	Audit contents and findings
	<p data-bbox="280 1478 983 1514">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1554 564 1590">Auditor Discussion</p> <p data-bbox="280 1630 453 1666">Document:</p> <p data-bbox="280 1706 507 1742">Agency Website</p> <p data-bbox="280 1783 459 1818">Interviews:</p> <p data-bbox="280 1859 609 1895">Agency Head Designee</p> <p data-bbox="280 1935 890 1971">Superintendent/PREA Compliance Manager</p> <p data-bbox="280 2011 488 2047">Provision (f):</p>

The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The posted PREA reports do not contain any personal identifying information other than names and job titles. The agency policies and procedures; additional documentation; facility practices; and interviews were reviewed regarding compliance with the standards and are identified in the posted reports. The interviews and Auditor's observation confirm the final audit reports are posted on the agency's website as required.

There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility and agency staff and the community resource staff member.

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.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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

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

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

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

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

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

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

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

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

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

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

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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.)	na
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?)	yes
	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?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

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

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	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.)	na
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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na

	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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

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

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

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

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

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

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
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).)	na
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.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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

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