

PREA Facility Audit Report: Final

Name of Facility: Mt. Vernon Treatment Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/09/2026

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: Karen d. Murray	Date of Signature: 04/09/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	03/16/2026
End Date of On-Site Audit:	03/16/2026

FACILITY INFORMATION	
Facility name:	Mt. Vernon Treatment Center
Facility physical address:	500 State Drive, Mt. Vernon, Missouri - 65712
Facility mailing address:	Jefferson City,

Primary Contact

Name:	Matt Shaon
Email Address:	matthew.l.shaon@dss.mo.gov
Telephone Number:	5735263901

Superintendent/Director/Administrator	
Name:	Sheree' Hall
Email Address:	Sheree.Hall@dss.mo.gov
Telephone Number:	(417) 466-0292

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

Facility Health Service Administrator On-Site	
Name:	Madison Branstetter
Email Address:	Madison.Branstetter@dss.mo.gov
Telephone Number:	417-466-0292

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	23
Average daily population for the past 12 months:	31
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	15-18
Facility security levels/resident custody levels:	Moderate Care
Number of staff currently employed at the facility who may have contact with residents:	45
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:	0

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Mike Pitzen
Email Address:	Mike.Pitzen@dss.mo.gov
Telephone Number:	5737513324

Agency-Wide PREA Coordinator Information

Name:	Matthew Shaon	Email Address:	matthew.l.shaon@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:

7

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.332 - Volunteer and contractor training
- 115.333 - Resident education
- 115.341 - Obtaining information from residents
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Number of standards met:

36

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-16
2. End date of the onsite portion of the audit:	2026-03-16

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:	Missouri Child Abuse and Neglect Hotline - agency hotline The Victim Center - advocacy agency AskDYS@dss.mo.gov. - Third Party reporting email

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	39
15. Average daily population for the past 12 months:	33
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	32
25. 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
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. 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
28. 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
29. 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
30. 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>31. 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>32. 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>33. 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>1</p>
<p>34. 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>35. 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>36. 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>45</p>
<p>37. 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>0</p>

<p>38. 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>39. 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>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input 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>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The facility provided rosters of youth by targeted categories and housing unit. After the Auditor selected one targeted youth, additional youth were randomly selected by living unit to ensure a representative sample from each housing unit.</p>

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. 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	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<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>	
47. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>48. 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>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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>49. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>50. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>51. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>52. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>53. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>54. 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>After specialized interviews and the facility tour, this category of youth did not appear to be present at the facility during the onsite review.</p>
<p>55. 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>1</p>

<p>56. 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>The agency does not utilize segregated housing for vulnerable populations.</p>
<p>57. 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>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input 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>60. 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>61. 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>Direct care staff members were evenly selected from each of the facility's three shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. 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
70. 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.

71. 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:	
72. 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
73. 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
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>76. 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>77. 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>78. 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.

79. 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	1	0	1	0
Total	1	0	1	0

80. 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.

81. 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

82. 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	1	0
Total	0	0	1	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.

83. 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

84. 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

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

1

<p>86. 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 checked="" type="radio"/> No</p> <p><input 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>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input 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>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>93. 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>The facility has not received an allegation of sexual harassment in the past 12 months.</p>
<p>94. 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 checked="" type="radio"/> No</p> <p><input 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>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input 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>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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

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
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. Division of Youth Services - Mount Vernon Treatment Center Organization Chart, dated 12.31.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Youth Services Workers

4. Facility Manager / PREA Compliance Manager
5. Compliance Coordinator / PREA Coordinator
6. Director of the Division of Youth Services

Interviews with youth conducted during the onsite review demonstrated a general understanding of the facility's expectations related to safety and the prevention of sexual abuse and sexual harassment. The majority of youth interviewed reported feeling sexually safe within the program. Youth consistently stated that staff conduct searches respectfully and appropriately, and those who had been searched indicated staff maintain professional boundaries during the process. Youth also reported that they are offered access to mental health services regardless of whether they have previously experienced sexual victimization or have been involved in abusive behavior.

Youth further described being informed about PREA protections and reporting resources upon admission to the program. Several youths stated they are asked to review and sign documents acknowledging expectations related to PREA and respectful behavior within the facility. Youth also indicated they are provided information regarding advocacy services upon arrival. In addition, youth reported the facility maintains a grievance box that is checked regularly, which they identified as an additional method for reporting concerns. Overall, youth interviews indicated that staff take PREA expectations seriously and that youth are aware of multiple avenues available to report concerns while residing in the program. The information shared by youth was consistent with the facility's stated commitment to maintaining a safe and respectful environment.

Interviews with facility staff demonstrated a strong awareness of practices implemented to promote youth safety and prevent sexual abuse and sexual harassment. Staff consistently described the importance of building rapport with youth in order to establish trust and encourage open communication. Staff indicated they actively redirect conversations that may become inappropriate and treat all youth respectfully and equally, regardless of how a youth identifies. Staff further explained that careful consideration is given when assigning youth to dormitories, including evaluating peer compatibility and identifying staff who may be best suited to work with specific youth.

Staff also described several operational practices intended to enhance supervision and accountability. Staff stated the facility utilizes a buddy system to ensure youth are not left alone with a single staff member and reported that youth typically travel in groups of at least two when moving throughout the facility. Staff further indicated that youth have access to a designated reporting phone in the library that provides

privacy for reporting concerns. In the event of a sexual abuse allegation, staff reported that families are notified promptly and may be involved in the youth's care and support, including participation in additional mental health services either in person or by phone. Staff also described ongoing PREA education through annual refresher trainings, policy reviews, and computer-based training modules. Several staff noted they have worked at the facility for extended periods and emphasized their commitment to maintaining a safe environment for youth.

Interviews with agency-level staff demonstrated the presence of structured communication and oversight processes designed to monitor incidents and promote continuous improvement across the division. Agency representatives reported that incidents are routinely tracked and discussed during regional meetings and at the statewide leadership level, including discussions with Deputy Directors. Staff indicated these discussions allow leadership to review trends, share information across regions, and identify opportunities for improvement based on lessons learned from reported incidents.

Agency staff further described collaborative placement and assessment processes designed to ensure youth are placed in facilities that best meet their treatment and safety needs. Staff reported that service coordinators complete an initial assessment prior to placement and that collateral information about each youth is reviewed at multiple levels within the agency to support comprehensive decision-making. Final placement decisions reportedly involve discussions with regional leadership to ensure the youth is placed in the most appropriate environment based on security level and treatment needs. In addition, agency representatives described strong communication and collaboration between the state and contracted facilities, noting that contract administrators conduct regular visits and maintain ongoing communication with facilities to address concerns and support compliance efforts. Investigative staff also described a collaborative investigative process in which investigators work in teams to co-investigate allegations in accordance with agency policy.

The interview with the PREA Compliance Manager demonstrated that she has adequate time to fulfill PREA Compliance Manager responsibilities as part of her assigned job duties. She stated that whenever a standard falls out of compliance, she meets with the management team to review expectations and reassess processes required to restore and maintain compliance.

The interview with the PREA Coordinator demonstrated that, although he is relatively new to the position, he is knowledgeable regarding PREA requirements and that his role is solely focused on managing and overseeing PREA compliance for

the agency.

The interview with the Director of the Division of Youth Services demonstrated that the agency maintains a proactive and preventative culture in which emotional safety is prioritized and youth and staff are encouraged to report any situation in which they do not feel safe.

Site Review Observation:

During the tour, standardized agency PREA informational postings, including the "PREA How to Report" form, Missouri Child Abuse Hotline brochure, grievance forms, grievance boxes, and PREA Audit Notices, were observed at each facility drinking fountain.

(a) Mt. Vernon Treatment Center PAQ states the agency policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

DYS PREA Policy 9.18 page 1, section policy, states, "Division of Youth Services (DYS) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within DHS. This policy provides the division's approach to preventing, detecting, and responding to such conduct, within DHS residential and county detention centers contracted for reception and detention services."

(b) Mt. Vernon Treatment Center PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

DYS PREA Policy 9.18 page 1, section 2B, states, "DYS mandated employee to oversee statewide agency efforts to comply with the PREA standards as set forth in this policy for all DHS residential facilities and county detention centers contracted for reception and detention services."

The agency provided a Division of Youth Services – Mt. Vernon Treatment Center organizational chart demonstrating the PREA Coordinator reports directly to the Human Resource Manager who reports directly to the Division Director. In addition, the organization chart demonstrated the Youth Services Manager serves as the PREA Compliance Manager who reports directly to the Program Manager who reports directly to the Deputy Division Director.

(c) Mt. Vernon Treatment Center PAQ states the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The facility exceeds the requirements of this standard through the consistent reinforcement of PREA education and reporting awareness across multiple methods and locations. Youth demonstrated a clear understanding of PREA protections, reporting options, and available resources, indicating that information is not only provided at intake but retained and applied. In addition to verbal and written education, PREA-related materials, including reporting instructions, advocacy information, grievance processes, and audit notices, are prominently displayed throughout the facility, including high-traffic areas such as drinking fountains, ensuring continuous and repeated exposure. These combined practices reflect an environment in which PREA information is highly visible, accessible, and reinforced through daily interactions, exceeding the minimum requirements of the standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. Contract for Services, Missouri Department of Social Services, Division of Finance & Administrative Services, Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Compliance Coordinator / Contract Administrator <p>The interview with the Contract Administrator demonstrated that inclusion of PREA-specific language in contracts is a priority for the agency. He stated that he attends</p>

vendor superintendent meetings and that each contracted facility has successfully passed PREA audits. The Contract Administrator further stated that he interacts regularly with each facility, has established positive working relationships, and assists facilities in addressing issues through ongoing, collaborative communication.

(a) Mt. Vernon Treatment Center PAQ states the agency has entered into or renewed 12 contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.

The agency provided a contract for services template which demonstrates page four, section 3.4 Prison Rape Elimination Act states,

- “The contractor shall comply with the Prison Rape Elimination Act of 2003 (34 United States Code 30301, et seq.), and with all applicable PREA National Standards (28 Code of Federal Regulations 115, et seq.), state agency policies related to preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within state agency facilities, programs, or offices owned, operated, or contracted by the state agency.

- The contractor shall, in cooperation and collaboration with the state agency, and in addition to “self-monitoring requirement,” assist with compliance monitoring which could be announced or unannounced and includes “on-site” monitoring.

- The contractor shall fully cooperate and collaborate with the state agency on any and all audits required under PREA.”

(b) Mt. Vernon Treatment Center PAQ states all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor’s compliance with PREA Standards is zero.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS Program Supervision Policy 9.6, dated 2.4.2025
3. Mt. Vernon PREA Staffing Plan, dated 3.18.2025
4. Unannounced Program Visit Form, dated 11.2013

Interviews:

1. Facility Manager / PREA Compliance Manager
2. Compliance Coordinator / PREA Coordinator
3. Assistant Regional Administrator

The interview with the PREA Compliance Manager and the Compliance Coordinator demonstrated that facility administrators meet regularly with the Director of the Division of Youth Services to discuss, revise, and review the staffing plan, including completion of annual reviews.

The interview with the Assistant Regional Administrator demonstrated that unannounced rounds are conducted once per shift per quarter. He stated that during unannounced rounds he verifies staffing patterns, ensures youth are not separated from their assigned groups, conducts checks throughout the entire facility and grounds, and documents rounds using the Unannounced Rounds Form, which is maintained in the facility PREA Box.

Site review observation:

Unannounced rounds documentation demonstrated that rounds were conducted once per shift per quarter throughout 2025 and thus far in 2026.

(a) Mt. Vernon Treatment Center PAQ states the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 31. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 31.

DYS Program Supervision Policy 9.6, page 5, section 2, states, "Each residential facility shall maintain a staffing plan based on the size and security level of the facility that meets the staffing ratios as required by this policy. The staffing plans shall be reviewed as deemed necessary, but at minimum in March of each year by the FM with input from the ARA and RA. The reviews shall determine and document whether adjustments are needed in accordance with PREA Standard 115.313 and, at minimum, shall consider the following; generally accepted juvenile detention and correctional/secure residential practices, findings of judicial, Federal investigative, internal or external oversight bodies inadequacy if exist, components of the facility's physical plant, composition of the youth population, number and placement of supervisory staff, programs and activities occurring on particular shifts, applicable State or local laws, regulations or standards and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. A copy of the staffing plan and annual review shall be maintained by the PREA Compliance Manager-FM and the Statewide PREA Coordinator."

The facility provided the Mt. Vernon Treatment Center Staffing Plan demonstrating that the required components outlined under §115.313(a) are addressed within the plan.

1. Assessment of Needs
 - a. Campus Description & Offender Population
 - b. Regulatory Requirements
 - c. Position Control Roster
 - d. Deployment of staff and relieved posts and positions
 - e. Video Surveillance
2. Documentation of relieve and compliance with this plan
 - a. Documentation
 - b. Planned and Unplanned Time Off
 - c. Break Schedule
3. Staffing Plan Deviations
4. Staffing Plan Reviews and Updates

The plan is electronically signed and dated by the facility PREA Compliance Manager, the Statewide PREA Coordinator and the Assistant Regional Administrator.

(b) Mt. Vernon Treatment Center PAQ states each time the staffing plan is not

complied with, the facility documents and justifies all deviations from the staffing plan.

(c) Mt. Vernon Treatment Center PAQ states the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was one.

(d) Mt. Vernon Treatment Center PAQ states at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The facility provided staffing plan reviews for calendar years 2022, 2023, 2024, and 2025.

(e) Mt. Vernon Treatment Center PAQ states the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

DYS Program Supervision Policy 9.6, page 5-6, section 3., states, "Unannounced Program Visits,

a. Unannounced program visits shall be conducted at all facilities for all shifts, at least quarterly; a minimum of 12 per year. These visits shall be conducted by the FM, Assistant FM, ARA or RA.

b. These visits shall be documented on the DYS Unannounced Program Visit Form (DYS F9-70) and maintained by the PREA Compliance Manager-FM.

c. Employees are prohibited from alerting each other that these unannounced visits are occurring, unless such announcement is related to the legitimate operational functions of the facility. Violation of this directive shall be grounds for disciplinary action up to and including dismissal in accordance with DSS Administrative Policy 2-124 (Discipline)."

The facility provided an Unannounced Visit Form demonstrating the following components are monitored on a quarterly basis by the Assistant Regional Administrator.

- Program Name / Date / Arrival Time / Departure Time
- Level of Care – Secure / Moderate / Community Based
- Shift(s) Observed
- Observer Name / Title
- Was Staff Alerted to Unannounced Visit

Observations:

1. Youth routines are being followed
2. Groups are in appropriate locations based on the group routines and time of day.
3. Youth interaction with staff is appropriate.
4. Are youth/groups split up in the dorm or different areas of the building?
5. Youth hygiene is appropriate.
6. Staffing requirements are being followed.
7. Staff positioning within the group is appropriate, and there is visible use of awareness supervision.
8. Check made for blind spots and/or areas outside of security camera.
9. The physical plant is safe, clean, and organized.
10. Appropriate staff/youth relationships and healthy boundaries are evident.
11. Are there sudden changes in youth mood or behavior?
12. Summary of Visit
13. Follow Up Needed

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS PREA Policy 9.18, dated 10.3.2025
3. DYS Searches for Contraband Policy 5.8, dated 8.19.2024
4. DYS Program Supervision Policy 9.6, dated 2.4.2025
5. Post Audit: Missouri Department of Social Services Memorandum, RE: 115.315 (d), dated 3.30.2026
6. Post Audit: PREA 115.315 (d) and PREA 115.381 (d) Training Record

Interviews:

1. Random Youth
2. Targeted Youth
3. Youth Services Workers
4. Facility Manager / PREA Compliance Manager

Interviews with youth demonstrated that most had not experienced searches involving staff touching their bodies. Youth reported that searches typically consist of being asked to turn out their pockets, remove shoes and socks, or demonstrate that nothing is in their waistband. Youth also stated that female staff do not consistently announce their presence when entering restroom areas, noting that staff are often already engaged in dorm processes and youth are aware that supervision will be provided.

Interviews with Youth Service Workers demonstrated that, if a pat search were to be conducted, staff would utilize the back of their hands. Female staff reported receiving training on cross-gender search procedures; however, staff indicated that a male staff member is always present to conduct searches when needed. Female staff were aware of the requirement to document any pat searches performed. Additionally, approximately 30% of staff interviewed were not aware of the requirement to make a verbal announcement when entering restroom areas where youth may be in a state of undress.

The interview with the Facility Manager demonstrated that strip searches are not conducted at the facility under any circumstances.

Site Observation:

During the tour, dormitory bathrooms were observed to have $\frac{3}{4}$ doors for toileting areas and shower curtains for each shower stall. These areas were identified as the only locations within the dorms where youth are permitted to change clothing, supporting privacy during activities involving a state of undress.

Corrective Action Plan:

- Provide documented training to applicable staff members on cross-gender announcements.
- Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.315 (d) are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.
- Upload supporting documentation to corresponding standard provision in the online audit system.

Post audit, the facility provided a memorandum from the Facility Manager, addressed to the DOJ PREA Auditor, outlining the following sustainable action plan. "Going forward we will instruct our group leaders to use their team meetings to either instruct or remind staff of the opposite gender to announce their presence before entering bathrooms or any area the youth might be in a state of undress. This instruction will be provided quarterly and upon the hiring of new staff."

Post audit, the facility also provided a training record demonstrating 36 personnel, including Facility Managers, Group Leaders, Nurse, Youth Service Workers, and Teachers, completed the required refresher education.

(a) Mt. Vernon Treatment Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has not conducted cross-gender strip or cross-gender visual body cavity searches.

DYS Searches for Contraband Policy 5.8, page 4, section III. E. 1. a. b., states, DYS

will not perform body cavity or strip searches under any circumstances.

a. When necessary and with approval of the appropriate supervisor, a search may be conducted by a physical pat of youth's body, through the outer clothing.

b. Personal searches will be conducted by a DYS employee in the presence of another DYS employee. Except in exigent circumstances the individual conducting the search shall be of the same gender of the youth. If a cross-gender search occurs in a residential facility, the reason shall be documented in the form of a memo. The documentation shall be maintained by the PREA Compliance Manager."

(b) Mt. Vernon Treatment Center PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff has been zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) has been zero.

(c) Mt. Vernon Treatment Center PAQ states the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. Policy compliance can be found in provision (a) of this standard.

(d) Mt. Vernon Treatment Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothing.

DYS PREA Policy 9.18, page 4, section 3. b., states, "DYS shall ensure that youth are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in incidental circumstances, or in exigent circumstances when such viewing is critical to the safety of the program."

DYS Program Supervision Policy 9.6, page 3, section 111., second paragraph, states, "Awareness supervision may be provided by either male or female employees. When cross-gender supervision takes place, the employee will announce their

	<p>presence when entering a dorm or an area at times youth are likely to be showering, performing bodily functions, or changing clothing.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. Statewide Interpretation Translation Services Contract, dated 7.1.2025 4. Sign Language Interpretation Services - Statewide, dated 2.24.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Targeted Youth 2. Youth Services Worker <p>The facility reported that there were no youth in the program identified as having disabilities or limited English proficiency at the time of the onsite review.</p> <p>The interview with a Youth Service Worker demonstrated that youth are asked clarifying questions to ensure comprehension and are provided interpreter services, as needed, prior to signing an acknowledgment of understanding.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency has established procedures to provide disabled Residents equal opportunities to be provided with and learn about the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p>

DYS PREA Policy 9.18, page 4, section 4, states, "Residents with disabilities and residents who are limited English proficient.

a. DYS shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of the division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

b. DYS shall not rely on youth interpreters, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety."

The agency provided a Statewide Interpretation Translation Services contract demonstrating that verbal interpretation services are in place through 6.30.2026.

The agency provided a Sign Language Interpretation Services - Statewide contract demonstrating that sign language services are in place through 1.1.2026.

(b) Mt. Vernon Treatment Center PAQ states the agency has established procedures to provide residents with limited English 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. Policy compliance can be found in provision (a) of this standard.

(c) Mt. Vernon Treatment Center PAQ states the agency policy prohibits use of 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. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero. Policy compliance can be found in provision (a) of this standard.

Based on the review of documentation, observations, and interviews, the facility

	meets the standard requirements.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. State of Missouri, Department of Social Services, Application for Employment - Division of Youth Services Addendum, dated 11.2024 4. Missouri Department of Social Services Reference Check, dated 7.2015 5. National and State RAP BACK Program results for 2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resource Specialist <p>The interview with the Human Resource Specialist demonstrated that criminal history and child abuse registry checks are conducted for all new applicants and contractors, annually thereafter, and again during the promotion process. She further stated that the agency is enrolled in the National and State RAP Back Program. The Human Resource Specialist explained that all applicants and contractors complete an employment application that includes administrative adjudication questions, which are reviewed during both the hiring and promotion processes. She also reported that the agency maintains a policy addressing affirmative duty and that institutional reference checks are conducted, as applicable, for prior employers of applicants and former employees.</p> <p>Site Review Observation:</p> <p>Seventeen personnel files were reviewed utilizing the PREA Audit Documentation Review - Employee Files / Records template. Record review demonstrated that each employee undergoes annual criminal history and child abuse registry checks, was asked administrative adjudication questions during the hiring and/or promotion process, and that institutional reference checks were completed for applicable employees.</p>

(a) Mt. Vernon Treatment Center PAQ states the Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); • 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 • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

DYS PREA Policy 9.18 page 4-5, section 5. a., 1.-3., states, “

a. DYS shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who;

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);

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

(a) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.”

The facility provided a State of Missouri, Department of Social Services, Application for Employment - Division of Youth Services Addendum demonstrating administrative adjudication questions are asked of the applicant on pages one and two.

The agency provided a Missouri Department of Social Services Reference Check demonstrating the administrative adjudication questions are asked on page two of the reference check form.

(b) Mt. Vernon Treatment Center PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with youth. Policy compliance can be found in provision (a) of this standard.

DYS PREA Policy 9.18 page 6, section 5. b., states, "DYS 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 youth."

(c) Mt. Vernon Treatment Center PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 20.

DYS PREA Policy 9.18 page 5, section c-e., states, "

a. Before hiring new employees who may have contact with youth, the division shall adhere to Department of Social Services (DSS) Policy 2-107 Background Checks.

b. DYS shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

c. DYS shall conduct annual criminal background records checks as defined in DSS 2-107 Background Checks on current employees, volunteers/student practicums, and contractors who may have unsupervised contact with youth.

(d) Mt. Vernon Treatment Center PAQ states the agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is zero. Policy compliance can be found in provision (c) of this standard.

(e) Mt. Vernon Treatment Center PAQ states the agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

	<p>The PAQ states, “DYS also participates in the National and State RAP BACK Program.”</p> <p>The agency provided the National and State RAP BACK Program results for 2024 demonstrating the system is in place for capturing background information on employees.</p> <p>(g) Mt. Vernon Treatment Center PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>DYS PREA Policy 9.18 page 6, section g., states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”</p> <p>The facility exceeds the requirements of this standard through the comprehensive and ongoing approach to staff screening and monitoring. In addition to conducting criminal history and child abuse registry checks at hire, the agency completes annual rechecks and additional screenings during the promotion process, ensuring continuous evaluation of staff suitability. The agency’s participation in the National and State RAP Back Program further enhances this process by providing real-time notification of criminal activity. Additionally, the use of administrative adjudication questions at multiple points in employment and the completion of institutional reference checks reflect a thorough and multi-layered screening process. Documentation review confirmed consistent implementation of these practices across personnel files. These combined efforts demonstrate a proactive and sustained approach to staff screening that exceeds the minimum requirements of the standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025

	<p>Interviews:</p> <ol style="list-style-type: none"> Director of the Division of Youth Services <p>The interview with the Director of the Division of Youth Services demonstrated that facility camera systems have been upgraded from analog to digital. He further stated that camera footage is utilized for training purposes and for documentation of events. In addition, the Director stated that the agency is transitioning to an individual authorization badge system in lieu of traditional keys.</p> <p>Site Observation:</p> <p>During the tour, cameras were observed in the administrative offices, maintenance building, each of the facility's three dorms, school, administrative hallways, and on the exterior of the facility. All cameras provided clear images. The Facility Manager stated that any camera issues are addressed promptly and that recordings are maintained for three to four months.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>(b) Mt. Vernon Treatment Center PAQ states the agency, or facility has 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.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:
	1. Mt. Vernon Treatment Center PAQ

2. DYS PREA Policy 9.18, dated 10.3.2025

Interviews:

1. Youth Service Workers

Staff interviews demonstrated each would immediately report all allegations to their direct supervisor, their Acting Facility Manager or the child abuse hotline.

Site Observation:

There was one allegation of sexual abuse referred for investigation in the past 12 months. Review of the investigation demonstrated that the allegation was responded to on the same day it was received and was handled thoroughly and objectively by the Out of Home Investigation Unit throughout the investigative process.

(a) Mt. Vernon Treatment Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse that was received. In the past 12 months, the number of allegations resulting in an administrative investigation was one.

DYS PREA Policy 9.18, page 12, section G. 1., a-b., states, "Criminal and administrative agency investigations.

a. The DYS shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined in DYS Policy 3.8 Employee Conduct. DYS has conveyed the PREA requirements to appropriate external investigating agencies.

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

(b-d) Mt. Vernon Treatment Center PAQ states the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available

	<p>via other means. The facility has published their investigation policy on their website at child-abuse-neglect-hotline-overview.pdf.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Service Workers <p>Staff interviews demonstrated each would immediately report all allegations to their direct supervisor, their Acting Facility Manager or the child abuse hotline.</p> <p>Site Observation:</p> <p>There was one allegation of sexual abuse referred for investigation in the past 12 months. Review of the investigation demonstrated that the allegation was responded to on the same day it was received and was handled thoroughly and objectively by the Out of Home Investigation Unit throughout the investigative process.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency insures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations resulting in an administrative investigation was one.</p>

	<p>DYS PREA Policy 9.18, page 12, section G. 1., a-b., states, “Criminal and administrative agency investigations.</p> <p>a. The DYS shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim’s age as defined in DYS Policy 3.8 Employee Conduct. DYS has conveyed the PREA requirements to appropriate external investigating agencies.</p> <p>b. When outside agencies investigate sexual abuse and sexual harassment, DYS shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”</p> <p>(b-d) Mt. Vernon Treatment Center PAQ states the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The facility has published their investigation policy on their website at child-abuse-neglect-hotline-overview.pdf.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. DYS Training Policy 3.18, dated 4.30.2025 4. Care and Treatment of Youth Training PowerPoint Presentation, dated 7.21.2025 5. MO Division of Youth Services Fundamental Practices Acknowledgment, dated 12.19.2017

Interviews:

1. Youth Services Workers

Interviews with Youth Counselors demonstrated that all staff are aware of and have received PREA education through multiple methods, including orientation, one-on-one trainings, annual refresher trainings through the agency's MOVERS learning system, and ongoing reinforcement during staff meetings. Staff were able to articulate key PREA concepts, including prevention strategies, reporting requirements, and their responsibilities in maintaining a safe environment, indicating that training is consistently delivered and retained.

Site Observation:

During the onsite review, seventeen staff files were reviewed utilizing the PREA Audit - Juvenile Facilities Documentation Review - Employee Files / Records template. Documentation review demonstrated that all staff have completed initial and annual PREA refresher trainings.

(a) Mt. Vernon Treatment Center PAQ states the agency trains all employees who may have contact with residents in all required provisions of this standard.

DYS PREA Policy 9.18 page 7, section C., states "Training and Education: Youth, employees, volunteers, and onsite service providers training.

a. DYS will train and/or educate its youth, employees, and onsite service providers in adherence to PREA Standards 115.331 thru 115.333, and 115.335.

b. All DYS employees are required to complete PREA and DYS (The Care and Treatment of Our Youth) training in accordance with DYS Policy 3.18 (Training). The training module will be tailored for all genders of youth populations to ensure employees hired to work at a facility for one gender has the ability during staff shortages to work at other facilities that may house youth of the opposite gender. Additionally, the training module will address potential unique needs and attributes of all DYS youth."

DYS Training Policy 3.18, page 2, section H., states, "PREA Compliance Manager: DYS mandated site-specific employee designated to coordinate the facility's efforts to comply with the Prison Rape Elimination Act (PREA) standards as set forth in DYS Administrative Policy 9.18 Prison Rape Elimination Act of 2003 (PREA). A Youth Services Manager (Youth Facility Manager-FM) shall serve in this role at each DYS residential site."

The facility provided a Care and Treatment of Our Youth training PowerPoint presentation to include the following training elements.

- DYS Fundamental Practices and Policy Review
 - o Related DYS, DSS Polices & Statutes
- How We Treat Our Youth
 - o Review of Treatment Beliefs
 - o DYS Circle of Care
 - o What Actions Are Obviously Harmful
 - o What Are Our Youth's Legal Rights
 - o Our Youth Have A Right to Appropriate Treatment
 - o Symptoms of Abuse
 - o What Are Symptoms of: Physical & Verbal Abuse & Emotional Abuse
 - o What Are Symptoms of Neglect & Sexual Abuse
- PREA Standards
 - o Further Requirements of CARE - PREA
 - o DYS PREA Zero Tolerance Policy
 - o Responding to Harmful Behaviors
 - o First Responder Duties
 - o Coordinated Response
- Caring for Youth Treatment Considerations
 - o Impact of Trauma in the Juvenile Justice System
 - o Impact of Trauma
 - o Effects of Traumatic Abuse
 - o Understanding Behavior and Trauma
- Introduction to Working with Youth from Differing Backgrounds and Cultures
 - o Keeping with our Beliefs and Philosophies
 - o Valuing All Youth

- o DYS Demographic Data
- o Communities by Gender
- o Commitments by Age
- o Commitments by Race
- o Embracing Cultural Differences
- o Understanding Adolescent Development
- o Gender Considerations
- o Sexual Identity
- o Considerations
- o Working with Youth with Disabilities
- o Professional Boundaries

(b) Mt. Vernon Treatment Center PAQ states training is tailored to the unique needs and attributes and gender of residents at the facility.

(c) Mt. Vernon Treatment Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is through annual refreshers. The facility utilizes the PowerPoint training found in provision (a) of this standard for refresher training.

DYS PREA Policy 3.18 page 5, training grid states, "PREA and DYS Refresher (Annual on-line review of DYS Fundamental Practices)."

(d) Mt. Vernon Treatment Center PAQ states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification.

The facility provided a MO Division of Youth Services Fundamental Practices which reiterates information for agency practices to include youth rights, child abuse/neglect reports by mandated reporters, DSS Policy sexual Harassment and Inappropriate Conduct. Each employee attests to reading and understanding the

	<p>materials provided.</p> <p>The facility exceeds the requirements of this standard through the consistent delivery and reinforcement of PREA training across multiple platforms. In addition to initial and annual refresher training, staff receive ongoing education through one-on-one instruction and reinforcement during staff meetings, supporting continuous engagement with PREA expectations. Staff demonstrated the ability to clearly articulate their responsibilities and prevention strategies, indicating that training is not only completed but effectively retained and applied in daily operations. The use of multiple training methods, combined with consistent documentation of completion, reflects a comprehensive and sustained approach to PREA education that exceeds the minimum requirements of the standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. MO Division of Youth Services Fundamental Practices Acknowledgment, dated 12.19.2017 <p>Interviews:</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contractor - Hairdresser <p>The interview with the Contractor demonstrated that she received education on the agency's zero-tolerance policy prior to having access to youth. The volunteer was able to clearly describe reporting procedures, including maintaining supervision of the youth until a report could be made, contacting the hotline, and reporting directly to the supervisor on duty. The volunteer further stated that she receives annual training on the agency's zero tolerance policy.</p>

Site Observation:

During the onsite file review, documentation demonstrated that the volunteer completed training on the agency's zero tolerance policy within the past year.

(a) Mt. Vernon Treatment Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is one.

DYS PREA Policy 9.18 page 7, section C. states, "Training and Education: Youth, employees, volunteers, and onsite service providers training."

The facility provided a MO Division of Youth Services Fundamental Practices acknowledgment demonstrating the contractors and volunteers attest to understanding the following.

- Create and maintain a humane and therapeutic approach and environment.
- Ensure healthy boundaries between and among youth and staff.
- Be respectful and kind in your communication with all youth, co-workers, and others.
- Model professional behavior and appearance.
- Be on time and prepared.
- Maintain clean, neat and organized environments in all offices and facilities.
- See, hear, know, and account for youth at all times by being present and actively engaged.
- Provide a friendly, respectful, and informative atmosphere for parents, guardians, and visitors.
- Practice all health and safety expectations, preserving the rights of every youth to live in a physically and emotionally safe environment (free from any abuse or harassment including maltreatment, neglect, physical, emotional, and sexual).
- Actively participate in all learning opportunities (e.g. training, on the job, team meetings, coaching).
- Be a positive representative of DYS in our youth's homes, neighborhoods, and

in the community.

- Responsibly protect and properly use all resources.
- Ask questions and check for understanding to ensure effective practices.
- Create and maintain a humane and therapeutic approach and environment
- DYS Policy: Juvenile Rights 6.1
- DYS Policy: PERSONNEL MANAGEMENT Section: Employee Conduct 3.8
- DYS Policy: PERSONNEL MANAGEMENT Section: Employee Conduct 3.8
- Preserving the rights of every youth to live in a physically and emotionally safe environment
- Child Abuse/Neglect Reports by Mandated Reporters REPORTING REQUIREMENT (210.115.1 RSMo)
- Ensure healthy boundaries between and among youth and staff
- DSS POLICY Sexual Harassment and Inappropriate Conduct (Policy 2-101 and Non-Discrimination Policy Statement)

(b) Mt. Vernon Treatment Center PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) Mt. Vernon Treatment Center PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

The facility exceeds the requirements of this standard through the consistent reinforcement of PREA expectations for volunteers prior to and throughout their service. In addition to receiving initial education before access to youth, the volunteer reported ongoing annual training, ensuring continued awareness of responsibilities and reporting requirements. The volunteer demonstrated a clear understanding of immediate response actions and reporting protocols, indicating that training is effectively retained and applied. These practices reflect a sustained and reinforced approach to volunteer PREA education that exceeds the minimum requirements of the standard.

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS Residential Care Policy 9.5, date 10.3.2025 3. DYS Youth PREA Training Process, dated 5.15.2024 4. Safety First Youth Manual, English and Spanish Acknowledgment, not dated 5. Reporting Your Concerns Posting, dated 7.23.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Youth Services Worker <p>Interviews with youth demonstrated their knowledge of PREA through the Safety First Packet and information posted near water fountains. Youth were able to articulate their rights, multiple reporting options, and the ability to report anonymously. Reporting options identified by youth included reporting to a trusted adult, completing a grievance, reporting directly to staff, making a private call to the hotline, or contacting a trusted adult in the community.</p> <p>The interview with a Youth Service Worker demonstrated that youth are educated on the Safety First Packet and PREA video upon admission. He stated that the packet includes information on the agency’s zero tolerance policy, youth rights, reporting options, and available supports. Youth are required to sign the final page of the Safety First Packet once they are able to demonstrate understanding of the information provided.</p> <p>Site Observation:</p> <p>During the onsite review, ten youth files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Youth Files / Records template. Documentation review demonstrated that each youth received initial and comprehensive PREA education, typically on the same day of admission.</p>

(a) Mt. Vernon Treatment Center PAQ states residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months 46 residents were given information at intake.

DYS Residential Care Policy 9.5, page 2. Section B. d., states, "Complete Safety-First Training. Information within the training regarding safety, rights, and how to report shall be completed immediately upon arrival. Complete the Prison Rape Elimination Act (PREA) Youth Education Video within 10 days of arrival."

The agency provided a DYS Youth PREA Training Process with the following information. "

1. During the intake process DYS staff reviews the "Safety First" manual and Youth/Parent Handbook with the youth. The signature pages from the Youth/Parent Handbook and the signature page from Safety First or Youth Safety First Training Record Log is maintained in the facility's PREA file 115.333

2. Within 10 days of intake, during the youth's nursing assessment, the youth watch the Youth PREA Educational video in the appropriate language (other languages may be available). Review of the video is documented on the ongoing Youth Education-PREA Education Video Training Attendance Record (TAR) form is completed with each youth's name, signature, group (if applicable), the date completed and the nurse's initials. The nurse will forward the TAR to the Facility Manager monthly, on the last business day. The Facility Manager will place the monthly TAR received from the nurse in the PREA file 115.333 (Resident Education).
a. English PREA Education Video: PREA Youth Educational Video (English) b. Spanish PREA Education Video: PREA Youth Educational Video (Spanish)

3. Bi-Annual Youth PREA Refresher Training: All youth receive bi-annual refresher training on PREA during scheduled group treatment meetings. The refresher will involve the review of the below video along with a group discussion regarding PREA. The review is documented either on the group meeting note or on the ongoing Youth Education-PREA Education Video TAR. a. English PREA Education Video: PREA Youth Educational Video (English) b. Spanish PREA Education Video: PREA Youth Educational Video (Spanish)"

(b) Mt. Vernon Treatment Center PAQ states the number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake was 46.

(c) Mt. Vernon Treatment Center PAQ states of those who were not educated during 10 days of intake, all residents have been educated subsequently. All juveniles have been trained. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

(d) Mt. Vernon Treatment Center PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills.

(e) Mt. Vernon Treatment Center PAQ states the facility maintains documentation of resident participation in PREA education sessions.

The agency provided a Safety-First Youth Manual with English and Spanish acknowledgments, demonstrating that youth are informed of their rights to personal safety, setting limits, trusting their feelings, and reporting concerns to a staff member.

In addition, the agency provided a Reporting Your Concerns posting that includes the agency's commitment to safety, prohibits abuse and harassment of any kind, and provides information on how youth may report concerns internally and externally, including applicable contact information.

(f) Mt. Vernon Treatment Center PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The facility exceeds the requirements of this standard through the consistent reinforcement of PREA education and demonstrated youth comprehension. In addition to providing education at intake, youth are required to demonstrate understanding prior to acknowledgment of receipt, ensuring the information is not only delivered but retained. Youth were able to clearly articulate their rights and multiple reporting options, including anonymous reporting, indicating effective comprehension. PREA information is further reinforced through visible postings

	<p>throughout the facility, including high-traffic areas such as water fountains, providing ongoing exposure. The combination of immediate education required demonstration of understanding, and continuous environmental reinforcement reflects a comprehensive approach that exceeds the minimum requirements of the standard.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews and on-site file review:</p> <ol style="list-style-type: none"> 1. Unit Manager - Out of Home Investigator Unit 2. Deputy Chief - Division of Special Assignments <p>The interview with the Unit Manager and the Deputy Chief demonstrated that both have completed specialized investigator training through the PREA Resource Center. They further stated that investigative staff receive specialized investigator training within two to four weeks of hire and prior to being assigned investigations independently.</p> <p>(a-b) Mt. Vernon Treatment Center PAQ states the agency policy requires that investigations are referred to the Out of Home Investigation Unit or the Division of Specialized Assignments.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS Training Policy 3.18, dated 4.30.2025
3. Medical/Mental Health Movers Training Report

Interviews:

1. Registered Nurse
2. Qualified Clinical Coordinator

The interview with medical and mental health practitioners demonstrated that each had completed specialized PREA training through the State of Missouri training curriculum. Both were able to articulate key components of the training, including detection, evidence preservation, responding to victims of abuse, and reporting requirements. Each stated they would report to the child abuse hotline, the supervisor on duty, and their respective supervisors as soon as the situation is safe to do so.

Site Observation:

The Medical/Mental Health Movers Training Report documentation was uploaded to the online audit system demonstrating both practitioners have completed the required specialized training.

(a) Mt. Vernon Treatment Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is two. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is 100%.

DYS Training Policy 3.18, page 12, section K. Medical and Mental Health Care Providers, 1-3., states,

1. DYS employed medical and mental health care providers including Register Nurses, License Practical Nurses and Youth Services Managers (Clinical Coordinators) shall complete training in accordance with III (Procedures B. (Mandatory Training Requirements by Category of Employment) number (Core ACT training requirements) and number 5. (Additional ACT training required of all direct care employees) of this policy.

	<p>2. DYS employed medical and mental health providers shall complete the Prison Rape Elimination Act (PREA) for DYS Medical Health Professional Staff in MOVERS Learn.</p> <p>3. Contracted medical and mental health care providers who work regularly in DYS programs shall review and sign the DYS Fundamental Practices and DYS Fundamental Practices cover letter The PREA Compliance Manager shall maintain a copy of the signed form. The PREA Compliance manager will also review DYS program specific information to include safety/security requirements with the providers.”</p> <p>(b) Mt. Vernon Treatment Center PAQ states their medical staff do not conduct forensic medical exams.</p> <p>(c) Mt. Vernon Treatment Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>The facility provided a Medical/Mental Health Movers Training Report demonstrating both medical and mental health practitioners have completed specialized training designated as ‘DSS DYS PREA for DYS Medical and Mental Health Professional Staff.’</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. DYS Residential Care Policy 9.5, dated 10.3.2025 4. PREA Vulnerability Information Review (PVIR) Screening Results and Follow-Up Notification Form, dated 9.1.2023

Interviews:

1. Random Youth
2. Targeted Youth
3. Facility Manager / PREA Compliance Manager

Interviews with youth demonstrated that they recall being asked questions related to prior sexual abuse or harmful behaviors, sexual identity, and their perception of personal safety.

The interview with the Facility Manager demonstrated that she or her Group Leaders complete the PREA Vulnerability Identification Review (PVIR) assessment after new admissions have been introduced to the program and assigned a peer youth coach. She stated that assessments are conducted in the dorm in a private area, away from the hearing of others. The Facility Manager reported that, in collaboration with the family, assessments include evaluation of the youth's level of functioning, collateral information, history of prior sexual abuse or harmful behaviors, and how the youth identifies. These assessments are completed within the first 72 hours of admission and again within six months of the youth's commitment date. The Facility Manager further stated that the Service Coordinator provides monthly notification of upcoming PVIR due dates. Additionally, she stated completed assessments are maintained in a locked cabinet in the front office and are accessible only to the Facility Manager, Group Leaders, and administrative staff on a need-to-know basis.

Site Observation:

During the onsite review, ten youth files were reviewed utilizing the PREA Audit - Juvenile Facilities Documentation Review - Youth Files / Records template.

Documentation review demonstrated that each youth had a completed risk assessment at intake and again within six months.

(a) Mt. Vernon Treatment Center PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 44.

DYS PREA Policy 9.18, page 8, section D. Screening for Risk of Sexual Victimization and Abusiveness, 1. Obtaining information from youth. a., states, "Upon commitment the DYS shall obtain information described in DYS Policy 9.1 Comprehensive Assessment for use in reducing the risk of sexual abuse by or upon a youth."

DYS Residential Care Policy 9.5, page 2, section B. Residential Placement 1. a., states, "Upon a youth's arrival to the assigned residential facility, designated residential employees shall follow intake procedures outlined below:

a. Complete remaining sections of the PVIR (DYS F9-72) within 72 hours. "Upon commitment the DYS shall obtain information described in DYS Policy 9.1 Comprehensive Assessment for use in reducing the risk of sexual abuse by or upon a youth."

(b-c) Mt. Vernon Treatment Center PAQ states the Risk assessment is conducted using an objective screening instrument.

The facility provided a PREA Vulnerability Information Review (PVIR) Screening Results and Follow-Up Notification form demonstrating youth are asked or observed for the following.

A. Information Gathering. Please check YES or NO indicating whether or not the information you received contains the following: (refer to PVIR Guide)

- Youth's Name / Emergency Intimal Health Screen
 - Facility / Emergent Vulnerability
 - Date/Time of Arrival / Emergent Medical Follow Up needed
 - Date/Time of Medical Screening / Other Emergent Follow Up Needed
 - Staff Initiating PVIR
 - Site Supervisor
1. Age, physical size, physical disabilities and stature
 2. Offense history and current changes
 3. Risk/Seriousness Assessment and Assessment Summary

4. Available education information
5. Social and family history
6. Documentation indicating level of emotional and cognitive development
7. Documentation indicating mental health information
8. Documentation indicating intellectual or developmental disabilities
9. Documentation indicating the youth's own perception of vulnerability
10. Documentation indicating discharge reports and summaries from last and/or past placement(s)
11. Documentation indicating substance use/abuse history
12. Documentation indicating history of prior sexual victimization or abusiveness
13. Documentation indicating identification anywhere on the LGBTQIA+ spectrum including, but not limited to: lesbian, gay, bisexual, gender non-conforming, transgender, or intersex. (LGBTQIA+, Lesbian, Gay, Bi-Sexual, Transgender, Queer or Questioning, Intersex, Asexual or the plus sign which represents someone who identifies with a sexual orientation or gender identity that letters and words cannot yet fully describes.
14. Other specific information about individual that may indicate the need for a specialized safety plan.

C. Vulnerability to Sexual Abuse / Harassment

1. Ask the youth if they have ever been sexually abused or harassed.
2. The youth reports having been a victim of sexual abuse, cooperated with a related investigation or reported sexual abuse of another person within the last 90 days.
3. Ask the youth, if they feel as though they're vulnerable to be sexually abused or harassed while at the facility. If yes, note additional information in the notes section below.
4. From documentation obtained during classification or from the interview with the youth during the facility placement process, it was determined that the youth had experienced prior sexual victimization in an institutional setting or in the community.
5. From documentation obtained during classification or from the interview with the youth during the facility placement process, it was determined that the youth had a prior history of sexually harming behaviors in an institutional setting or in the community.

	<p>6. Upon commitment, classification or placement, information was obtained that indicates that the youth has previously perpetrated sexual abuse while in detention, contractual or prior DYS placement.</p> <p>7. Ask the youth if they identify as LGBTQIA+ (Lesbian, Gay, Bi-Sexual, Transgender, Queer or Questioning, Intersex, Asexual or the plus sign which represents someone who identifies with a sexual orientation or gender identity that letters and words cannot yet fully describe).</p> <p>8. Based on the assessments completed during classification and upon placement, the youth may be at risk of being sexually abused or harassed.</p> <p>VULNERABILITY ASSESSMENT NOTES: Document why the youth believe they are vulnerable and/or why the youth is determined to possibly be vulnerable and actions that will be taken to protect the youth which includes how/why you made final decision to place the youth where you did within the facility. See Vulnerability Information Review Guide below for further instructions.</p> <p>The facility exceeds the requirements of this standard through the frequency, coordination, and application of risk assessments. While the standard requires reassessments at least annually, the facility completes reassessments within six months of a youth’s commitment date. The assessment process is coordinated with input from families and Service Coordinators and incorporates multiple sources of information, including behavioral observations, collateral data, and youth self-report. Additionally, the facility utilizes assessment outcomes to inform supervision and placement decisions, including peer pairing and staff awareness. The use of scheduled tracking for reassessments and controlled access to sensitive information further supports the integrity of the process. These combined practices reflect a proactive and structured approach to risk assessment that exceeds the minimum requirements of the standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025

Interviews:

1. Random Youth
2. Targeted Youth
3. Facility Manager / PREA Compliance Manager
4. Compliance Coordinator / PREA Coordinator

Interviews with youth demonstrated youth had a past history of sexual victimization stated they were offered mental health services.

The interview with the Facility Manager demonstrated that each youth is assigned a Service Coordinator for the duration of their placement in the program. The Facility Manager stated that information provided by the Service Coordinator is reviewed by the multidisciplinary team to assess each youth's needs and strengths and to inform decisions related to housing placement, staff assignments, and supervision throughout the programmatic day.

The interview with the Compliance Coordinator demonstrated that the agency receives comprehensive information on each youth, which is reviewed by the assigned Service Coordinator following a thorough assessment. He stated that this information is discussed with regional administrators and agency personnel to ensure youth are placed in programs that best meet their educational and treatment needs throughout their stay.

(a) Mt. Vernon Treatment Center PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

DYS PREA Policy 9.18 page 8, section D. 1. Screening for Risk of Sexual Victimization and Abusiveness, states,

1. "Obtaining information from youth."
 - a. Upon commitment the DYS shall obtain information described in DYS Policy 9.1 Comprehensive Assessment for use in reducing the risk of sexual abuse by or upon a youth.
 - b. Upon a youth's entry into the program, intake procedures set forth in DYS Policy 9.5 Residential Care shall be followed.

c. Information received during assessment shall be disseminated in accordance with DYS Policy 4.1 Official Case File Requirements and Maintenance.

2. Placement of youth

a. DYS shall use information obtained during the comprehensive assessment and facility intake procedures to make placement decisions with the goal of keeping all youth safe and free from sexual abuse. Placement decisions regarding identified lesbian, gay, bisexual, transgender or intersex youth will be made on a case-by-case basis, will consider the youth's health and safety, management or security concerns and shall not be made solely on the basis of such identification or status."

(a) Mt. Vernon Treatment Center PAQ states the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.

DYS PREA Policy 9.18 page 8, section d., states, "Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is separated for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, and DYS Policy 9.8 Separation shall apply."

(h) Mt. Vernon Treatment Center PAQ states from a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months was zero.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS PREA Policy 9.18, dated 10.3.2025
3. DYS Programmatic Rights of Youth & Grievance Process, dated 12.4.2024

Interviews:

1. Random Youth
2. Targeted Youth
3. Youth Services Workers

Interviews with youth demonstrated their awareness of reporting to a trusted adult, a trusted person in the community, calling the hotline or completing a grievance.

Interviews with staff demonstrated they would accept allegations regardless if a youth approached them in person, handed them a note with or without a name, through a third party or a grievance.

Site Observations:

During the tour, the one-page "Reporting Your Concerns" flyer and the Missouri Child Abuse and Neglect Hotline brochure were observed posted at every water fountain throughout the facility. These materials were clearly visible and accessible to youth, supporting awareness of multiple reporting options.

While at the Mt. Vernon Treatment Center test call was conducted from the designated phone for youth reporting. Following introductions and explanation of the purpose, the operator stated that upon receiving a call, they collect the caller's demographic information and details of the concern, which are then forwarded to the appropriate investigative office for follow-up.

(a) Mt. Vernon Treatment Center PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect.

DYS PREA Policy 9.18 page 10, section E. 3. a., states, "Youth access to outside support services and legal representation.

a. DYS shall provide youth in DYS residential placement 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. DYS shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible."

(b) Mt. Vernon Treatment Center PAQ states facility provides 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. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided detention facility locator information.

(c) Mt. Vernon Treatment Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

DYS PREA Policy 9.18 page 11, section F. 1., states, "DYS shall require all employees to respond and report immediately in accordance with DYS Policy 3.8 Employee Conduct, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/ detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation."

(d) Mt. Vernon Treatment Center PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or 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>DYS Programmatic Rights of Youth & Grievance Process Policy 6.1, page 3, section V. Reports of sexual abuse and sexual harassment, states, “Complaints of sexual abuse and sexual harassment initiated by the youth completing a "Division of Youth Services (DYS) Youth Grievance or Complaint Form" (DYS: F6-1) shall be reported and investigated in accordance with DYS Policy 3.8 Employee Conduct and DYS Policy 9.18 Prison Rape Elimination Act of 2003 (PREA). Grievances of this nature shall be maintained by the PREA Compliance Manager-Youth Services Manager (Facility Manager).”</p> <p>(e) Mt. Vernon Treatment Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>DYS PREA Policy 9.18 page 11, section 2., states, “DYS shall require all employees and external service providers to comply with Section 210.115 RSMo mandatory child abuse reporting laws.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Facility Manager / PREA Compliance Manager <p>Interviews with youth demonstrated that all youth were aware of the “PREA forms” and understood they could complete them with or without including their names.</p>

Youth reported that forms could be handed directly to staff or placed in designated black boxes located near water fountains throughout the facility, supporting multiple methods for submitting concerns.

The interview with the Facility Manager demonstrated that the grievance boxes are checked daily by either herself or the Group Leaders, ensuring timely review of any submitted concerns.

Site Observation:

During the tour, grievance boxes and grievance forms were observed near each water fountain in the dormitories and within the school hallway. The placement of these materials appeared consistent and accessible to youth, supporting ease of use and ongoing awareness of the grievance process.

(a) Mt. Vernon Treatment Center PAQ states the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.

DYS PREA Policy 9.18, p[age 9, section d., states, "DYS does not have an administrative procedure to address youth grievances regarding sexual abuse. In accordance with DYS Policy 6.1 Programmatic Right of Youth and Grievance Process, complaints of sexual abuse and sexual harassment initiated by the youth completing a "Division of Youth Services (DYS) Youth Grievance or Complaint Form" (DYS: F6-1) shall be reported and investigated in accordance with DYS Policy 3.8 Employee Conduct and this policy. The PREA Compliance Manager shall provide a copy of the grievance form reporting sexual abuse and sexual harassment to the Statewide PREA Coordinator and maintain a copy of the grievance form on site with the investigation documents."

(d) Mt. Vernon Treatment Center PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months there have been zero grievances filed alleging sexual abuse.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS PREA Policy 9.18, dated 10.3.2025
3. The Victim Center Email Affirmation of Victim Advocate Services, dated 10.15.2025
4. Victim Center Brochure

Interviews

1. Random Youth
2. Targeted Youth
3. Youth Services Workers
4. Facility Manager / PREA Compliance Manager
5. Compliance Coordinator / PREA Coordinator

Interviews with youth demonstrated that they had been made aware of the sexual abuse victim advocacy agency and that advocacy information is made available through postings throughout the program. Most youth demonstrated awareness of the services offered by the advocacy agency, and those with limited understanding were able to have the services further explained to them.

Interviews with Youth Service Workers demonstrated that youth are permitted to use the phone to make hotline calls or contact the advocate. Staff reported that they step away to remain out of hearing distance while maintaining visual supervision of the youth during the call.

Site Observation:

During the tour, the advocacy agency was contacted using the designated youth reporting phone. An answering service operator answered and stated that if a youth were calling, they would be transferred to an advocate while remaining on the line. The Auditor requested to be transferred, and an advocate answered within two rings. After introductions and explanation of the purpose of the call, the advocate identified their services as a crisis hotline and shelter provider. The advocate stated that callers are first asked if they are safe, then provided emotional support and

referrals to community resources. The advocate further explained that youth may request accompaniment during a forensic exam and may receive ongoing emotional support services as requested.

(a) Mt. Vernon Treatment Center PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.

The facility provided a brochure from the Victim Center that includes a 24-hour crisis line phone number, email address, website address, a physical location address, and social media contact information, including Facebook and Instagram.

(b) Mt. Vernon Treatment Center PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

DYS PREA Policy 9.18 page 10, section 3. b., states, "DYS shall inform youth, prior to giving them access, of the extent to which such communications will be monitored as detailed in DYS Policy 6.5 Youth's Mail, Telephone, and Visit Privileges and reported in accordance with mandatory reporting laws."

(c) Mt. Vernon Treatment Center PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided email correspondence from the Executive Director of The Victim Center demonstrating that victim services are available to any male or female who has survived violent or sexual crime, whether past or recent.

(d) The facility provides residents with reasonable and confidential access to their

	<p>attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.</p> <p>DYS PREA Policy 9.18 page 10 section 3. e., states, “DYS shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with DYS Policy 6.2 Legal Representation and DYS Policy 6.5 Youth’s Mail, Telephone, and Visit Privileges.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews</p> <ol style="list-style-type: none"> 1. Random Youth 2. Targeted Youth 3. Youth Services Workers 4. Facility Manager / PREA Compliance Manager <p>Interview with youth and staff demonstrated their reporting knowledge of third party reporting stating family members, or Juvenile Correction Officers could report sexual harassment or sexual abuse allegations for them, if needed.</p> <p>Site Observation:</p> <p>Interviews with youth and staff demonstrated knowledge of third-party reporting options. Both youth and staff stated that reports could be made to a Service</p>

Coordinator, a trusted adult, a family member or the hotline.

Site Observation:

During the tour, third-party reporting information was observed in the visitation area. The posting was clearly visible and accessible to visitors, supporting awareness of external reporting options and the ability for third parties to report concerns on behalf of youth.

(a) Mt. Vernon Treatment Center PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The agency website for third-party reporting is as follows:

DYS PREA Policy 9.18 page 10, section 1.a., states, "DYS shall maintain a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a youth. This information will be contained in the Youth/ Parent handbook and maintained on the DSS internet page."

On January 28, 2026, a third-party test email was sent to AskDYS@dss.mo.gov. The email stated: "My name is Karen Murray, and I am conducting PREA audits for the Division of Youth Services. I am also conducting a review of third-party reporting procedures and am seeking clarification regarding the Division's response process when a third-party report is received via email notification. Specifically, please describe the steps taken upon receipt of a third-party report, including how the information is reviewed, documented, and routed for action; who is responsible for initiating follow-up; and how the reporting party and/or facility are notified, if applicable. This information will assist in verifying compliance with PREA reporting and response requirements." On 1.28.2026 the following response was provided. "All reporting that is done through this route comes to me the PREA Coordinator. This is where I make the determination of what the next steps are depending on the type of allegations and route to the appropriate investigator while ensuring safety of the youth as the top priority. We would document at this time the details of the report taken and steps that were initiated. Normally I would contact the facility this pertains to depending on who the allegations are against. The follow up would be tracked by PREA Coordinator (Matt Shaon) I would have contact with investigators and facility manager for updates and ensuring completion of the investigation."

Based on the review of documentation, observations, and interviews, the facility

	meets the standard requirements.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. DYS Employee Conduct Policy 3.8, dated 2.4.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Services Workers 2. Facility Manager / PREA Compliance Manager <p>Interviews with staff demonstrated each understand the importance of immediately reporting all allegations of sexual abuse and sexual harassment. Staff were able to articulate their responsibility to report without delay, and youth demonstrated awareness of reporting expectations and available options.</p> <p>Site Observation:</p> <p>Investigation review demonstrated that the victim’s legal guardian was notified promptly when an allegation of sexual abuse was received and was provided updates as the investigation progressed and upon resolution.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against Residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

DYS Employee Conduct Policy 3.8, page 6, section C., states, “Employees are required to report suspicious or inappropriate conduct of other employees. Whenever a DYS employee has reasonable cause to suspect an abusive or neglectful incident has occurred, they should report immediately as outlined below. This includes, but is not limited to, any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility, even if external to DYS; any retaliation against youth or employee for having reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and harassment, including third-party and anonymous reports, must be investigated.”

(b) Mt. Vernon Treatment Center PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

DYS PREA Policy 9.18 page 10, section 3. b., states, “DYS shall inform youth, prior to giving them access, of the extent to which such communications will be monitored as detailed in DYS Policy 6.5 Youth’s Mail, Telephone, and Visit Privileges and reported in accordance with mandatory reporting laws.”

(c) Mt. Vernon Treatment Center PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

DYS Employee Conduct Policy 3.8,, page 4, section 13., states, “Employees will maintain confidentiality of youth information, disclosing it only to the staff team or to individuals with legitimate business-related reason to know in accordance with DSS Administrative Policy 2-119 (Confidentiality).”

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Manager / PREA Compliance Manager <p>Interviews with the Facility Manager demonstrated the facility staff act promptly and responds properly at the discovery of any incident involving sexual harassment and sexual abuse.</p> <p>(a) Mt. Vernon Treatment Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>DYS PREA Policy 9.18, page 11, section F. 3., states, “When DYS learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. Division of Youth Services PREA Report to Other Facility Following Allegation

that a Youth Was Sexually Abused at Another Facility, dated 5.15.2024

Interviews:

1. Facility Manager / PREA Compliance Manager
2. Director of the Division of Youth Services

Interviews with the Facility Manager and the Director of the Division of Youth Services demonstrated that both are aware of their responsibility to notify the head of another facility upon receipt of an allegation that a youth was sexually abused while confined at that facility. Both staff further stated that reports received from another confinement facility would be referred to the appropriate investigative unit and the Human Resources team, as applicable.

Site Observation:

During the past 12 months, the facility has received one allegation of sexual abuse from a youth who was previously housed at the facility and reported the allegation to a staff member at the facility where the youth is currently residing. The review of the allegation demonstrated a complete and thorough investigation was conducted.

(a) Mt. Vernon Treatment Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility.

DYS PREA Policy 9.18 page 11, section 5. Reporting to other confinement facilities, states, "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the FM or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager."

(b) Mt. Vernon Treatment Center PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard.

(c) Mt. Vernon Treatment Center PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in provision (a) of this standard.

(d) Mt. Vernon Treatment Center PAQ states facility policy requires that allegations received from other agencies or facilities investigated in accordance with the PREA standards. In the last 12 months, there has been one allegation of sexual abuse the facility received from other facilities.

DYS PREA Policy 9.18 page 12, section G. 1. a., states, "The DYS shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined in DYS Policy 3.8 Employee Conduct. DYS has conveyed the PREA requirements to appropriate external investigating agencies."

The facility provided a Division of Youth Services PREA Report to Other Facility Following Allegation that a Youth Was Sexually Abused at Another Facility demonstrating the following is documented.

- Instruction to report the incident to the hotline
- Instruction on how to complete the notification
- Offering the reporting youth follow up medical/mental health care
- Maintenances of this reporting form
- Completed by / Title / Facility
- Youth Name / DYS# / DOB: / SC:
- Date report of abuse received / Time report of abuse received
- Name of Facility Where Abuse Occurred / Name of FM/Facility Head Notified (Where abuse occurred)
- Date FM/Facility Manager Head Notified / Time FM/Facility Head Notified

In addition, the facility provided a completed PREA Report demonstrating the PREA Coordinator notified the Facility Director of the allegation of sexual abuse on the same day the agency was notified.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS First Responder Protocols for Sexual Abuse, dated 3.3.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Services Workers <p>Interviews with Youth Service Workers demonstrated that all staff are aware of their first responder responsibilities. Staff reported that PREA related reporting information is posted throughout the facility. When prompted, staff were able to articulate appropriate first responder actions, including separating the victim from the alleged aggressor, ensuring the immediate safety of those involved, maintaining supervision of the victim, preventing the victim from washing, drinking, or changing clothing, and preserving the area where the incident is alleged to have occurred until appropriate personnel arrive. Staff further stated they would initiate required notifications by contacting their immediate supervisor, the hotline, and additional supervisory staff as required.</p> <p>Site Observation:</p> <p>NEED INVESTIGATION</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect 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. If the abuse</p>

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. In the past 12 months, one allegation occurred where a resident was sexually abused. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero.

The agency provided the Division of Youth Services (DYS) First Responder Protocols for Sexual Abuse. The protocol includes a flowchart outlining reporting requirements based on factors such as the timing of the incident, the age of the youth, whether staff intervened, and whether the abuse occurred at the facility. In addition, the agency provided the DHS Coordinated Response and First Responder to Sexual Abuse Guidelines.

(b) Mt. Vernon Treatment Center PAQ states the facility's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DHS Coordinated Response to Sexual Abuse Guidelines, dated 3.3.2014 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Youth Services Workers

	<p>2. Facility Manager / PREA Compliance Manager</p> <p>3. Compliance Coordinator / PREA Coordinator</p> <p>Interviews with facility staff demonstrated that the response to allegations of sexual abuse and sexual harassment is outlined in a written coordinated response plan that guides actions taken during such incidents.</p> <p>Site Observation: Review of the agency’s incident response policy demonstrated clear direction to staff regarding first responder responsibilities and actions to be taken in response to allegations.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the facility developed a written institutional plan to coordinate actions 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 agency provided the DYS Coordinated Response and First Responder to Sexual Abuse Guidelines, which include the following instruction to departmental personnel.</p> <ul style="list-style-type: none"> · First Responder · First Responder’s Immediate Supervisor · PREA Compliance Manager / Facility Manager within 24 hours or within 72 hours · Facility / Regional Nurse · Assistant Regional Administrator <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Director of the Division of Youth Services <p>The interview with the Director of the Division of Youth Services demonstrated that collective bargaining is not currently in place. He further stated that the agency continues to follow prior guidelines while working toward renegotiation.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf or has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Manager / PREA Compliance Manager <p>The interview with the Facility Manager demonstrated that she initiates retaliation monitoring and meets with the victim upon receipt of an allegation of sexual abuse. She stated that monitoring includes observing for favoritism, inappropriate conversations, and any form of retaliation, including misuse of authority related to food, treatment, disciplinary actions, or inconsistent enforcement of rules by staff. The Facility Manager further stated that she conducts and documents weekly check-</p>

ins for a period of 90 days, or longer as necessary.

Site Observation:

NEED INVESTIGATION

(a/e) Mt. Vernon Treatment Center PAQ states the agency has 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. The facility designates the Youth Group Leader as the retaliation monitor.

DYS PREA Policy 9.18 page 11-12, section 6. DYS protection against retaliation, a., states, “

a. In accordance with DSS Policy 2-109 Internal Investigations DYS provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. DYS Policy 6.1 Programmatic Rights of Youth and Grievance Process provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.”

(c/d) Mt. Vernon Treatment Center PAQ states the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The number of times an incident of retaliation occurred in the past 12 months was zero.

DYS PREA Policy 9.18 page 11-12, section 6. DYS protection against retaliation, b., states, “

a. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, cottage or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Manager / PREA Compliance Manager <p>The interview with the Facility Manager demonstrated that the facility does not utilize segregated housing. The Facility Manager stated that, in the event of an allegation, the youth’s alleged perpetrator would be relocated to a different housing unit or transferred to another facility.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero.</p> <p>DYS PREA Policy 9.18 page 8, section D. 2., states, “Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is separated for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, and DYS Policy 9.8 Separation shall apply.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. Child Abuse/Neglect Investigation/Assessment Summary <p>Interviews:</p> <ol style="list-style-type: none"> 1. Unit Manager - Out of Home Investigator Unit 2. Deputy Chief - Division of Special Assignments <p>The interview with the Investigators demonstrated that both investigative entities operate external to the facility. Each Investigator clearly articulated the investigative processes required when responding to allegations, including conducting interviews with victims, witnesses, and alleged perpetrators; reviewing available video footage; assessing staff placement decisions; and evaluating applicable policy requirements. The Investigators further demonstrated that investigative findings and observations are discussed with facility administration, as appropriate, when determining investigative outcomes.</p> <p>Site Observation:</p> <p>The facility had one sexual abuse investigations, from a youth who was no longer in the facility. The investigation was completed timely, thoroughly and objectively.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>DYS PREA Policy 9.18 page 12, section G. Investigations, 1. a-b., state, "Criminal and administrative agency investigations.</p> <ol style="list-style-type: none"> a. The DYS shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined in DYS Policy 3.8 Employee Conduct. DYS has conveyed the PREA requirements to appropriate external investigating agencies.

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

(d) Mt. Vernon Treatment Center PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

DYS PREA Policy 9.18 page 6, section B. 2., states, “Policies to ensure referral of allegations for investigations. “DYS shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in DYS Policy 3.8 Employee Conduct and DYS Policy 6.1 Programmatic Rights of Youth and Grievance Process.”

(i) Mt. Vernon Treatment Center PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was one.

(j) Mt. Vernon Treatment Center PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The facility provided a Child Abuse/Neglect Investigation/Assessment Summary. The report demonstrates the following is documented in investigative reports.

- Preponderance of the Evidence / Outcome
- Case Data
 - o Date / Call Numbers, Call Name / DVN / Address / Telephone
 - o Victims Name / Date of Birth
 - o Alleged Perpetrator(s) / Date of Birth
 - o Other Household Members/Significant Others
 - o Reporter Contacted
 - o Law Enforcement Contacted / Date/Time / Title / Contact Notes

	<ul style="list-style-type: none"> · Summary o Reporter information o Interview notes to include Date/Time, Status, Name/Role, Type/Location, Contact Notes · Documentation/Evidence · Conclusion Facts and Findings <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Unit Manager - Out of Home Investigator Unit 2. Deputy Chief - Division of Special Assignments <p>The interview with the Investigators demonstrated the investigative units shall impose no standard higher than a preponderance of the evidence or burden of proof, in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) Mt. Vernon Treatment Center PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 545 376">Document Review:</p> <ol data-bbox="280 412 1394 631" style="list-style-type: none"> <li data-bbox="280 412 820 448">1. Mt. Vernon Treatment Center PAQ <li data-bbox="280 483 896 519">2. DYS PREA Policy 9.18, dated 10.3.2025 <li data-bbox="280 555 1394 631">3. DYS PREA Notification to Youth Following Allegation of Sexual Abuse Form, dated 2.23.2024 <p data-bbox="280 739 437 775">Interviews:</p> <ol data-bbox="280 810 983 846" style="list-style-type: none"> <li data-bbox="280 810 983 846">1. Facility Manager / PREA Compliance Manager <p data-bbox="280 882 1394 999">The interview with the Facility Manager demonstrated that youth are provided documented notifications regarding staff movements, criminal charges and indictments, and the outcome of investigations.</p> <p data-bbox="280 1111 526 1146">Site Observation:</p> <p data-bbox="280 1182 1481 1344">The review of the one unsubstantiated sexual abuse investigation demonstrated the youth was notified of the outcome of the investigation. As the youth was not housed at the facility at the time the allegation was received, notifications related to staff or inmate movements were not applicable.</p> <p data-bbox="280 1451 1474 1738">(a) Mt. Vernon Treatment Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/ facility in the past 12 months was one.</p> <p data-bbox="280 1845 1449 2047">DYS PREA Policy 9.18 page 13, section 2. Reporting to youth, a., states, "Following an investigation into a youth's allegation of sexual abuse suffered in a residential facility, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."</p>

(b) Mt. Vernon Treatment Center PAQ states if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been one investigation of alleged resident sexual abuse. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was one.

(c) Mt. Vernon Treatment Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently does inform the Resident (unless the agency has determined that the allegation is unfounded) whenever:

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

DYS PREA Policy 9.18 page 13, section 2. Reporting to youth, b., states, "Following a youth's allegation that an employee member has committed sexual abuse against the youth, the PREA Compliance Manager shall subsequently inform the youth (unless DYS has determined that the allegation is unfounded) whenever:

1. The employee is no longer assigned to the youth's treatment team;
2. The employee is no longer employed at the facility;
3. DYS learns that the employee has been charged with a law violation related to a sexual abuse incident within the facility; or
4. DYS learns that the employee has been convicted of a law violation related to a sexual abuse incident within the facility."

The agency provided a DYS PREA Notification to Youth Following Allegation of Sexual Abuse form, demonstrating the following information is documented.

- Region / Facility
- Initials of youth who reported being sexually abused

- Initial of accused staff or youth
- Date sexual abuse allegations were reported
- Date investigation completed
- Outcome of investigation
- Has the youth been discharged from DYS custody?
- If investigation outcome was unfounded or youth is no longer in DYS custody, below notifications not required.
- If allegation of sexual abuse is against a staff member, the youth has been notified of the following: (Check all that apply)
 - o The staff member is no longer assigned to the youth's cottage/dorm.
 - o The staff member is no longer employed at the facility DYS learns staff member was indicted on a charge related to sexual abuse at the facility.
 - o DYS learns staff member was convicted on a charge related to sexual abuse at the facility.
 - o None are applicable.
- If allegation of sexual abuse is against another youth, the youth who reported has been notified of the following: (Check all that apply)
 - o DYS learns the alleged abuser was indicted on a charge related to sexual abuse at the facility
 - o DYS learns the alleged abuser was convicted on a charge related to sexual abuse at the facility.
 - o None are applicable.

Completed by / Date Completed

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

DYS PREA Policy 9.18 page 13, section 2. Reporting to youth, c., states, "Following a youth's allegation that he or she has been sexually abused by another youth, the

	<p>PREA Compliance Manager shall subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> 1. DYS learns that a petition has been filed against the alleged abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or 2. DYS learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility.” <p>(e) Mt. Vernon Treatment Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been one notification to a resident, pursuant to this standard.</p> <p>DYS PREA Policy 9.18 page 13, section C. 1-2., states, “Following a youth’s allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> 1. DYS learns that a petition has been filed against the alleged abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or 2. DYS learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility.” <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p>

1. Facility Manager / PREA Compliance Manager

The interview with the Facility Manager demonstrated that any staff member alleged to have sexually harassed or sexually abused a youth would be immediately removed from contact with the affected youth. The Facility Manager stated that required notifications would be made to law enforcement, appropriate agency staff, the appropriate investigative units, the agency reporting hotline, and any applicable licensing agencies. She further stated that the Jefferson City State Office is responsible for determining the outcome of the investigation.

Site Observation:

In the last 12 months, the facility did not have any staff who were disciplined for violation of an agency sexual abuse or sexual harassment policy, due to the one applicable staff terminating their employment.

(a) Mt. Vernon Treatment Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

DYS PREA Policy 9.18 page 14, section H. Discipline, 1., states, "DYS employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies as defined in this policy, DSS Policy 2-124 Discipline, DSS Policy 2-101 Sexual Harassment/ Inappropriate Conduct and DYS Policy 3.8 Employee Conduct."

(b) Mt. Vernon Treatment Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.

(c) Mt. Vernon Treatment Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there has been zero staff requiring discipline for sexual abuse or sexual harassment.

	<p>(d) Mt. Vernon Treatment Center PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p>DYS PREA Policy 9.18 page 14, section H. Discipline, 2., states, “DYS employees who are terminated for violations of sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies where law allows.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Manager / PREA Compliance Manager <p>The interview with the Facility Manager demonstrated that volunteers or contractors alleged to have engaged in sexual harassment or sexual abuse of a youth would be promptly removed from any access to youth. She stated that allegations are reported through required notification channels, including law enforcement, appropriate agency personnel, designated investigative units, the agency reporting hotline, and any applicable licensing bodies. The Facility Manager further stated that the Jefferson City State Office is responsible for reviewing investigative findings and determining final outcomes.</p>

Site Observation:

In the last 12 months the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.

(a) Mt. Vernon Treatment Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents.

DYS PREA Policy 9.18 page 14, section 4. Corrective action for contractors and volunteers, states,

a. DYS shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer.

b. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”

(b) Mt. Vernon Treatment Center PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS PREA Policy 9.18, dated 10.3.2025

Interviews:

1. Facility Manager / PREA Compliance Manager

The interview with the Facility Manager demonstrated that a youth identified as an aggressor would be moved to an alternate dorm and that measures would be implemented to ensure the youth does not have contact with the victim. She further stated that, once all required external notifications are completed, mental health services are coordinated through the youth's multidisciplinary team to address the youth's status within the Value system, and that the Pathways curriculum is implemented as part of the treatment process.

(a) Mt. Vernon Treatment Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there has been zero criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility.

DYS PREA Policy 9.18 page 14, section 5., states, "Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. Further actions will not be taken against youth for sexual conduct with an employee or another youth unless findings indicate that the employee or youth did not consent to such contact."

(b) Mt. Vernon Treatment Center PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse is zero.

- (d) Mt. Vernon Treatment Center PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. However, the facility does not require participation as a condition of access to programming or other benefits. Policy compliance can be found in provision (a) of this standard.
- (e) Mt. Vernon Treatment Center PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. Policy compliance can be found in provision (a) of this standard.
- (f) Mt. Vernon Treatment Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy compliance can be found in provision (a) of this standard.
- (g) Mt. Vernon Treatment Center PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Policy compliance can be found in provision (a) of this standard.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 3. Missouri Division of Youth Services Nurse’s Note, not dated 4. Consent for Youth Age 18 and over to Report Allegations of Abuse, not dated

5. Post Audit: Missouri Department of Social Services Memorandum, RE: 115.381 (d), dated 3.30.2026

6. Post Audit: PREA 115.315 (d) and PREA 115.381 (d) Training Record

Interviews:

1. Random Youth
2. Targeted Youth
3. Facility Nurse
4. Qualified Clinical Coordinator

Interviews with ten youth demonstrated that one youth disclosed prior sexual abuse; however, eight of nine random youth and the targeted youth stated they were offered mental health services regardless of whether they disclosed prior sexual abuse or harmful behaviors during the intake process.

The interview with medical and mental health practitioners demonstrated that limitations to confidentiality are disclosed to youth at the initiation of services. Practitioners stated that notifications regarding prior sexual abuse or harmful behaviors are communicated by the Service Coordinator or facility personnel to ensure appropriate follow-up care, typically within two days of the disclosure. The Registered Nurse stated she is aware that if a youth is over the age of 18, consent must be obtained prior to reporting an incident of sexual abuse, regardless of whether the abuse occurred within or outside of an institutional setting.

Site Observation:

Utilization of the PREA Audit – Juvenile Facilities Documentation Review – Youth Files / Records template demonstrated that the targeted youth who disclosed prior sexual victimization was offered mental health services upon receipt of the disclosure.

Corrective Action Plan

- Provide documented training to applicable staff members on reporting requirements for youth over 18 who report sexual abuse outside of an institution.
- Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will ensure all requirements of §115.381 (d) are met and sustained. Memorandum to be addressed to the DOJ PREA Auditor, date and author of the memorandum and standard in question.

· Upload supporting documentation to corresponding standard provision in the online audit system.

Post audit, the facility provided a memorandum from the Facility Manager, addressed to the DOJ PREA Auditor, outlining the following sustainable action plan. "Going Forward we will instruct our group leaders will review this policy during team meetings on a quarterly basis and upon the hiring of new staff. Staff must be reminded that if a youth reports abuse that occurred within a facility (including a facility outside of DYS), a hotline report must be made regardless of whether the youth is over 18. If the youth is over 18 and the alleged abuse occurred outside of a facility or institutional setting, staff must obtain the individual's consent before making a report. This consent must be documented using the Consent to Report Form."

Post audit, the facility also provided a training record demonstrating 36 personnel, including Facility Managers, Group Leaders, Nurse, Youth Service Workers, and Teachers, completed the required refresher education.

(a) Mt. Vernon Treatment Center PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.334 residents are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months 25 residents who disclosed prior victimization during the intake screening were offered a follow-up meeting with a medical or mental health provider. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services.

DYS PREA Policy 9.18 page 15, section I. Medical and Mental Care, 1. a., states, "Medical and Mental Health Screenings; history of sexual abuse.

a. If the screening completed in accordance with DYS Policy 9.5 Residential Care indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, DYS employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with DYS Policy 7.2 Standards."

The agency provided a Missouri Division of Youth Services Nurse's Note

demonstrating the date, time, Dr. Visit and Remarks are documented on this form.

(b) Mt. Vernon Treatment Center PAQ states all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. 12 months 25 residents disclosed previously perpetrated sexual abuse, as indicated during the screening process.

DYS PREA Policy 9.18 page 15, section b., states, "If the screening completed in accordance with DYS Policy 9.5 Residential Care indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, DYS employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening in accordance with DYS Policy 7.2 Standards."

(c) Mt. Vernon Treatment Center PAQ states information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

DYS PREA Policy 9.18 page 15, section c. states, "Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law in accordance with DYS Policy 4.1 Dissemination of Information and DYS Policy 6.1 Programmatic Rights of Youth and the Grievance Process."

(d) Mt. Vernon Treatment Center PAQ states 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.

DYS PREA Policy 9.18 page 15, section d., states, "Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18."

	<p>The agency provided a Consent for Youth Age 18 and over to Report Allegations of Abuse form. The form requires the reporter who disclosed unreported sexual victimization to give the agency written permission to disclose the information to the appropriate authorities.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>Interviews:</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Nurse 2. Qualified Clinical Coordinator <p>Interviews with medical and mental health practitioners demonstrated that youth would be provided immediate access to emergency medical and mental health services upon receipt of an allegation of sexual abuse.</p> <p>(a) Mt. Vernon Treatment Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p>

DYS PREA Policy 9.18 page 16, section 2., Access to emergency medical and mental health services, a., states,

a. “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with DYS Policy 5.13 Emergency Medical Care. Female youth who are victims of sexual abusive vaginal penetration are offered pregnancy testing.

b. The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the site supervisor.

(c) Mt. Vernon Treatment Center PAQ states resident victims of sexual abuse while incarcerated are 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. Policy compliance can be found in provision (a) of this standard.

(d) Mt. Vernon Treatment Center PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

DYS PREA Policy 9.18 page 16, section 2. D., states, “Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.383

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS PREA Policy 9.18, dated 10.3.2025

Interviews:

1. Registered Nurse
2. Qualified Clinical Coordinator

Interviews with medical and mental health practitioners demonstrated that ongoing treatment recommendations provided by hospital personnel are followed as directed. Both practitioners stated that, upon a youth's return from a forensic medical examination, evaluations are conducted to develop a continuum of care within 48 hours. These evaluations include both the victim and the youth identified as the aggressor, ensuring that appropriate medical and mental health services are provided based on individual needs.

The facility exceeds the requirements of this standard through the timeliness of medical and mental health follow-up care. While the standard allows for the development of a continuum of care within 60 days, facility staff reported that evaluations and care planning are completed within 48 hours of a youth's return from a forensic medical examination. This expedited response ensures that both the victim and the youth identified as the aggressor receive prompt and appropriate services. The consistent implementation of care planning well in advance of required timeframes demonstrates a proactive and responsive approach that exceeds the minimum requirements of the standard.

(a) Mt. Vernon Treatment Center PAQ states the facility offers 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.

DYS PREA Policy 9.18 page 16, section 3., states, "Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards 115.383 in accordance with DYS Polices 6.1 Programmatic Rights of Youth and the Grievance Process, 7.2 Standards, 7.3 Special Needs and 7.4 Access to Health Care Services.

(d-e) This standard is not applicable as the facility does not house female youth.

(f) Mt. Vernon Treatment Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

DYS PREA Policy 9.18 page 16, section 2. a., states, "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with DYS Policy 5.13 Emergency Medical Care. Female youth who are victims of sexual abusive vaginal penetration are offered pregnancy testing."

(g) Mt. Vernon Treatment Center PAQ states treatment services are 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.

DYS PREA Policy 9.18 page 16, section 2. D., states, "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(h) Mt. Vernon Treatment Center PAQ states if the facility is a prison, it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy compliance can be found in provision (a) of this standard.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Mt. Vernon Treatment Center PAQ
2. DYS PREA Policy 9.18, dated 10.3.2025
3. Missouri Department of Social Services, Division of Youth Services, Critical Incident Review Form, dated 11.2013

Interviews:

1. Assistant Regional Administrator

The interview with the Assistant Regional Administrator demonstrated that the sexual abuse incident review team is comprised of the Regional Administrator, Facility Manager, Deputy Director, and the agency PREA Coordinator. He stated that the team reviews staffing patterns, the nature of the incident, group dynamics, environmental factors, blind spots, video footage when applicable, and any physical barriers. The Assistant Regional Administrator further stated that responsibility for implementation and sustainment of recommendations rests jointly with the Assistant Regional Administrator and the Regional Administrator, in coordination with facility personnel.

Site Observation

The facility conducted one critical incident review following an investigation of sexual abuse. The review demonstrated five members of the administrative team were present, the incident was documented, and contributing factors were identified, with no additional considerations deemed necessary. Documentation further demonstrated that professional boundaries were reviewed with staff, as well as staff and youth placement, visibility, bathroom monitoring practices, and maintaining ongoing coaching.

(a) Mt. Vernon Treatment Center PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been one administrative investigation of alleged sexual abuse completed at the facility,

DYS PREA Policy 9.18 page 17, section J. Data Collection and Review, 1., states, "Sexual abuse incident reviews: At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using Critical Incident Review Form F9-71, including when the allegation has not been

substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include supervising Deputy Director, Regional Administrator (RA), Assistant Regional Administrator (ARA), FM(s) and Youth Services Supervisor/ Group Leader(s) (GL), with input from investigators, and medical or mental health providers.

The facility provided a Missouri Department of Social Services, Division of Youth Services, Critical Incident Review form. The form documents the following information.

4. Type of Incident Review
5. Date of Review / Date of Incident / Date Investigation Concluded / Facility Name
6. Employees Involved in Incident / Youth Involved / Review Team Participants Including Those Who Provided Input For the Review
7. Description of Incident (Review the facts of the incident or situation objectively)
8. Identify Contributing Factors
9. Other Considerations
10. Learning Points
11. Potential Impact of the Incident
12. Actions To Be Taken
13. Persons Responsible for Action Needed

(b) Mt. Vernon Treatment Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incident was one.

DYS PREA Policy 9.18 page 1-187, section J.1.b. 1-7, states, "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,

	<p>status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</p> <ol style="list-style-type: none"> 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 utilizing Critical Incident Review Form F9-71. 7. Implement the recommendations for improvement, or shall document its reasons for not doing so.” <p>(c) Mt. Vernon Treatment Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>(d) Mt. Vernon Treatment Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and Operations Lead / PREA Compliance Manager.</p> <p>(e) Mt. Vernon Treatment Center PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ

2. DYS PREA Policy 9.18, dated 10.3.2025
3. Missouri Department of Social Services Annual Report, dated 2024

Interviews:

1. Facility Manager / PREA Compliance Manager
2. Compliance Coordinator / PREA Coordinator
3. Division Director of Secure Facilities / Agency Head

Interviews with Administrative staff demonstrated the team meets monthly and discusses ongoing investigations, outcomes of those investigations, analyzes data from investigations and implement recommendations to include close observation of the status of implementation of such recommendations.

(a)/(c)-1,2

Mt. Vernon Treatment Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

(b) Mt. Vernon Treatment Center PAQ states the agency aggregates the incident-based sexual abuse data at least annually. Practice compliance can be found in §115.388 through the agency PREA Annual Report

The facility provided a Missouri Department of Social Services Annual Report documenting the following information.

- The number of residential facilities operated by Missouri's DYS holding juveniles or youthful youth charged with or court adjudicated for an offense.
- The number of persons in the facilities reported in item 1 for the calendar year.
- The number of persons in the facilities reported in Item 1 for calendar year end.
- The number of persons in the facilities reported in Item 1 for calendar year end.
- For calendar year ended, the following best describes DYS recordings of allegations of youth-on-youth nonconsensual sexual acts: Recording of all reported

occurrences, or only substantiated ones.

- Recording attempted nonconsensual sexual acts or only completed ones.
- The number of youth-on-youth nonconsensual sexual acts allegations (allegations involving multiple victimizations is counted once) reported for the calendar year.
- For calendar year ended, the following best describes DYS recording of allegations of youth-on-youth abusive sexual contacts.
- The number of allegations of youth-on-youth abusive sexual contacts reported for calendar year.
- Of the allegations reported in Item 9, the breakdown is as follows.
- For calendar year ended, the following best describes DYS recording of allegations of staff sexual misconduct.
- The number of allegations of staff sexual misconduct reported for calendar year.
- Of the allegations reported in Item 12, the breakdown is as follows.
- For calendar year ended, the following best describes DYS recording of allegations of staff sexual harassment.
- The number of allegations of staff sexual harassment reported for the calendar year.
- The total number of substantiated incidents reported in Items 7,10,13,16.
- All allegations reported in 6,9,12 and 15 occurred in facilities operated and administrated by the Division of Youth Services.
- Statewide Comparison of Data for years 2022, 2023, 2024.

(d) Mt. Vernon Treatment Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e) Mt. Vernon Treatment Center PAQ states the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

(f) Mt. Vernon Treatment Center PAQ states the agency provided the Department

	<p>of Justice (DOJ) with data from the previous calendar year upon request. The agency provided the Department of Justice with data in year 2022.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>(a) Mt. Vernon Treatment Center PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul style="list-style-type: none"> · Identifying problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>(b) Mt. Vernon Treatment Center PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. Practice compliance is demonstrated through the agency annual reports.</p> <p>(c) Mt. Vernon Treatment Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The following is the agency website where the annual reports will be located is Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t Missouri Department of Social Services</p>

	<p>(d) Mt. Vernon Treatment Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Mt. Vernon Treatment Center PAQ 2. DYS PREA Policy 9.18, dated 10.3.2025 <p>(a) Mt. Vernon Treatment Center PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p>(b) Mt. Vernon Treatment Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>DYS PREA Policy 9.18, page 18-19, section e., states, “DYS 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 through the DSS internet page at least annually.”</p> <p>(c/d) Mt. Vernon Treatment Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p>

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the fifth audit cycle for the Mt. Vernon Treatment Center and the first year of the fifth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(e) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <ul style="list-style-type: none"> • The Auditor was permitted to conduct private interviews with residents. • Youth were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(b) The agency has posted the current 2023 PREA audit report, on their website.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

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

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

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

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
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: Residents who have speech 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: 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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 (c)	Hiring and promotion decisions	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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 employees?	yes
	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.)	yes
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	na

	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.)	
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	yes

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

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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	Specialized training: Investigations	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	Obtaining information from residents	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 the agency attempt to ascertain information about: Age?	yes
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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	yes

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

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

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

	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency 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?	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 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	yes

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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?	no
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?	no
	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?	no
	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?	no
	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?	no
	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?	no
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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?	no
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	Access to emergency medical and mental health services	

(d)		
	Are treatment services 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?	yes
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 cooperates with any investigation arising out of the incident?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

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

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

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