

Prison Rape Elimination Act (PREA) Audit Report

Juvenile Facilities

☐ Interim ☒ Final

Date of Report May 21, 2019

Auditor Information

Name: Dwight L. Fondren

Email: fondu714@hotmail.com

Company Name: Correctional Management and Communication Group LLC.

Mailing Address: 6208 NW 78th Street

City, State, Zip: Kansas City, MO 64151

Telephone: 816-699-0244

Date of Facility Visit: April 10, 2019

Agency Information

Name of Agency
Stoddard County Regional Detention Center (SCRDC)

Governing Authority or Parent Agency (If Applicable)
Missouri Department of Youth Services

Physical Address: 400 B.S. Viola, Bloomfield, MO 63825

City, State, Zip: Farmington, MO 63640

Mailing Address: P.O. Box 50, Bloomfield, MO 63825

City, State, Zip: Click or tap here to enter text.

Telephone: 573-568-4640 ext. 6

Is Agency accredited by any organization? ☐ Yes
☒ No

The Agency Is: ☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency mission: The mission of juvenile corrections and detention system is to provide leadership for change for youth, family units, and communities.

Agency Website with PREA Information: <https://dss.mo.gov/reports/prison-rape-elimination-act-reports/>

Agency Chief Executive Officer

Name: Judi D. Hampton

Title: Superintendent/PREA Coordinator

Email: judi.hampton@courts.mo.gov

Telephone: 573-568-4640 ext. 6

Agency-Wide PREA Coordinator

Name: Judi D. Hampton	Title: Superintendent/PREA Coordinator
Email: judi.hampton@courts.mo.gov	Telephone: 573-568-4640 ext. 6
PREA Coordinator Reports to: Tonya Causey, Stoddard County Chief Juvenile Officer	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Stoddard County Regional Detention Center (SCRDC)			
Physical Address: 400 B.S. Viola St., Bloomfield, MO. 63825			
Mailing Address (if different than above): P.O. Box 50 Bloomfield, MO. 63825			
Telephone Number: 573-568-4640 ext. 6			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
<input type="checkbox"/> Other			
Facility Mission: The mission of juvenile corrections and detention system is to provide leadership for change for youth, family units, and communities.			
Facility Website with PREA Information: None			
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Judi D. Hampton	Title: Superintendent/PREA Coordinator
Email: judi.hampton@courts.mo.gov	Telephone: 573-568-4640 ext. 6

Facility PREA Compliance Manager

Name: Judi D. Hampton	Title: Superintendent/PREA Coordinator
Email: judi.hampton@courts.mo.gov	Telephone: 573-568-4640 ext. 6

Facility Health Service Administrator

Name: None	Title:
Email:	Telephone:

Facility Characteristics

Designated Facility Capacity: 16-18		Current Population of Facility: 6	
Number of residents admitted to facility during the past 12 months			247
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			70
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			45
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Under 17		
Average length of stay or time under supervision:			10 days
Facility Security Level:			Secure
Resident Custody Levels:			All
Number of staff currently employed by the facility who may have contact with residents:			25
Number of staff hired by the facility during the past 12 months who may have contact with residents:			3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0

Physical Plant

Number of Buildings: 1		Number of Single Cell Housing Units: 18	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		1	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are 7 cameras strategically placed			

Medical

Type of Medical Facility:	None/Outside Local Medical Facility.
Forensic sexual assault medical exams are conducted at:	Beacon Health Center

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Audit Methodology

Pre-Onsite Audit Phase

Stoddard County Regional Detention Center (SCRDC), Agency PREA Coordinator (APC) and the Auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations prior to the site visit. The PREA Auditor was in communication with the APC and Facility Administrator directly. The Facility Superintendent serves as the facility's PREA Compliance Manager (PCM). The Superintendent was very receptive to the audit process and well informed of the role of the Auditor and the expectations during each stage of the PREA audit.

The notification of the on-site audit at SCRDC was posted on February 28, 2019, six weeks prior to the date of the onsite audit. The posting of the notices was verified by photographs received electronically from the APC. The photographs provided with the Pre-Audit information indicated notices were posted strategically throughout the facility, accessible to residents, staff, visitors, contractors, and volunteers. The Auditor noticed that the notifications were placed in the lobby, hallways, living units, and common areas. The posted audit notices contained the Auditor's contact information and included information regarding confidentiality. The notice was at eye levels easy for a person to see either standing or sitting. All residents in the facility during the time of the site visit spoke and read English. No correspondence was received from the residents during any phase of the audit.

Prior to the Auditor's onsite visit to the facility, the Auditor worked with the APC in developing and completing the Pre-Audit Questionnaire (PAQ). This document identified the minimum information and supporting documents that the facility should submit to the Auditor before the onsite audit begins. The SCRDC PAQ was received on March 14, 2019, and included policies, procedures and supporting documentation which was within an adequate timeframe for review. The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. This flash drive was received by the Auditor well over a month before the site visit.

An initial assessment was conducted of the information provided and it was determined the information was provided in detail on the flash drive. The documentation on the flash drive was well organized by each standard, including the identified provisions of each standard. Additional information requested during the site visit was provided or explained by the Superintendent/PCM.

The PCM had been previously provided a document by the Auditor titled, "Information Requested to Determine Staff and Residents to be interviewed during the On-site PREA Audit." The document was completed and provided to the Auditor onsite. The document requested the identification of the staff members who served and performed in specific PREA related specialized roles within the facility,

including volunteers and contractors who have contact with residents. The document requested a list of security staff and their shift assignments and a resident population roster. Additionally, the request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender residents; and residents housed in isolation. The Auditor communicated with the PCM to confirm schedules and to clarify specialized PREA roles. A current resident roster was also provided to the Auditor. As a result of the information received, the Auditor developed an interview schedule of specialized and random staff and residents, including targeted resident interviews.

The facility provided the lists and information before or during the site visit that assisted with the following determinations and interview selections:

Lists/Information	Comments
Complete Resident Roster	An up-to-date roster was provided on the day of the site visit.
Youthful inmates/detainees	There were 5 residents on site at the start of this audit. All were interviewed.
Residents with disabilities	None were identified.
Residents who are Limited English Proficient	None were identified.
LGBTI Residents	None were identified.
Residents who identified as Transgender/Intersex	None were identified
Residents in segregated housing	None
Residents in Isolation	None were in isolation.
Residents with Cognitive disabilities	None were identified.
Residents who reported sexual abuse	None was Identified.
Residents who reported sexual victimization during risk screening	None were identified.
Staff roster for the time of the site visit	The roster was provided during the pre-onsite phase of the audit. There are 22 staff currently employed.
Specialized Staff	11 Specialized staff were identified and interviewed.
Contractors who have contact with the residents	3 Contractors were identified
Volunteer who has contact with the residents	No Volunteers identified.
All grievances/allegations made in the 12 months preceding the audit	None.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	0
Hotline calls made during the 12 months preceding the audit	0
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	0

The Auditor reviewed the lists/documents provided and conferred with the Superintendent/PCM in development of the interview schedule to ensure clarity regarding specialized PREA roles among staff.

Internet research of the facility revealed no indication of litigation, U.S. Department of Justice involvement, or federal consent decrees. General and specific information about the facility and the programs and services provided are detailed on the facility's website. An array of information, pictures of the facility and contact information may be accessed from the informative page. The facility's website also contains PREA information including but not limited to the zero-tolerance and coordinated

response policies. The PREA audit report for the initial audit in 2016 is located on the Agency's website.

Onsite Audit Phase

The on-site visit was conducted April 10, 2019, by Dwight L. Fondren (Auditor). The Auditor arrived onsite during the early morning hours in order to interview some staff members on the overnight shift and observe early morning operations. SCRDC random staff members working the overnight shift were interviewed immediately upon the Auditors' arrival to the facility to reduce the accrual of overtime hours. Once the interviews were completed, an entrance conference was conducted. In addition to the Auditor, the entrance conference included the Superintendent/PCM. During the conference the Auditor discussed the information contained in the PAQ. Formal introductions were made and a review of the audit process, site visit activities and the itinerary. Site review Instructions were covered to include a description of the areas of the facility to be toured; operations and practices to be observed; and questions that should be asked of staff and residents to conduct a thorough site review. Additionally, interview protocols to be used by the Auditor to interview staff and residents as part of the audit were discussed. Required documentation, relevant observations, the interview protocols, and the audit compliance tool were used to establish evidence of standard compliance. At the time of this audit, the facility employed 19 staff. The resident population was five.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and led by the PCM. The tour included all areas of the facility. The facility was clean, in good repair, and well maintained. All areas were viewed, including the administration area, medical area, intake area, kitchen, visitation area, leisure/recreation areas, and the living unit common area. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility. Additionally, informational pamphlets about PREA were found in areas where staff and youth have access. The PREA notices contained large enough print to make them accessible and easy to see and read and Posted signs were observed regarding general PREA information including emergency and non-emergency numbers for assistance and were English and Spanish. The posted information included instructions on accessing the 24/7 hotline for reporting allegations and requesting advocacy services. A "Suggestions and Anonymous Reporting" box is located in the classroom and is available for staff and detainees alike to privately report if they wish. Questions were answered by staff during informal interviews regarding detention resident activities and program services as the site review progressed throughout the facility. The site visit also included the outside grounds. Telephones were observed in the control room which was available for legal and personal contacts as well as reporting allegations of sexual abuse and sexual harassment; the telephones were in working order. The reporting process was discussed during the site review. Directions for accessing the crisis hotline were posted and included the limitations of confidentiality.

Male and Female staff are required to knock on entrance doors to alert the residents that opposite gender staff were making rounds/inspections or entering the unit. Signs were observed in the detention area during the site review. Visibility is enhanced with the strategic use of cameras, mirrors and windows in doors. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. In addition to staff explaining to each resident during intake, the shower procedures are printed and posted at the entrance of the bathroom.

Interviews

Twenty-two staff are currently employed at the facility that may have contact with residents. There were 5 residents at the start of the site visit. Several SCRDC staff provides dual services and roles in the management of the PREA Programs. A total of 22 staff were interviewed to include the Superintendent/PCM; Detention Juvenile Officers, Detention Aides (from all three 8-hour shifts); an intermediate/upper management staff; 1 contract staff, specialized staff, and random staff. The random staff members interviewed covered all shifts and specialized staff members interviewed based on their job duties and PREA roles. Although there was a total of twenty-two interviews, 11 individuals were

identified for specialized interviews. The specialized interviews conducted included staff members in this category serving in more than one PREA related specialized role. The interviews with staff and contractor indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Staff interviews conducted by the Auditor were done in private to ensure confidentiality.

During this process the Auditor did not limit the interview questions to only those included in the protocols; rather, additional site specific questions were asked to use as a starting point for eliciting information about the facility's compliance with the PREA Standards. All Responses to the interview questions were part of the Auditor's compliance assessment. There are no on-site medical providers at the center. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. This Auditor was provided evidence to ensure compliance to the PREA as documented in this report.

The Auditors conducted 5 resident interviews in the following categories during the onsite phase of the audit:

Category of Residents	Number of Interviews
Random Residents	5
Residents who Identify as Gay or Bisexual	0
Residents with a Cognitive Disability	0
Residents Report of Sexual Abuse	0
Residents with Physical Disability	0
Residents Report of Sexual Abuse During Intake	0
Residents who Identify as Transgender or Intersex	0

The Auditors conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
Volunteers who have Contact with Residents	0
Contractors who have Contact with Residents	2
Investigative Staff	0
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Non-Security Staff First Responders	1
Intake Staff	1
Number of Specialized Staff Interviews	11
Number of Random Staff Interviews	9
Total Random and Specialized Interviews	20
Total Interviews plus PREA Coordinator and Director/CEO	22

Onsite Documentation Review

The Auditor received many examples of documentation from resident and staff files as part of the Pre-Onsite Audit Phase. During the pre-onsite audit phase and the onsite audit phase, the Auditor reviewed a sample of training and personnel files of the staff selected to be interviewed, including documentation

of criminal background checks. The PREA Pre-Audit Questionnaire and facility policies, procedures and supporting documentation were reviewed prior to the site visit and while onsite for interviewees and persons not interviewed. The secondary documentation reviewed included, but was not limited to, screening and assessments, grievance form, medical request form, PREA education and training acknowledgement forms, training records, checklists, sexual abuse coordinated response plan, annual staffing plan assessment, staff schedules, unannounced rounds reports, retaliation monitoring form, organization chart, and other documentation. The facility reports there were zero allegations of sexual abuse or sexual harassment in the past 12 months.

After the completion of the site visit process, an exit briefing was held. The attendees were the Detention Superintendent/PCM and the Auditor. The exit briefing served to review the onsite process and review program strengths. The Superintendent was given the opportunity to ask additional questions about the activities of the day and the shared information. The time table for the submission of PREA Report was discussed as well.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Stoddard County Regional Detention Center (SCRDC) is a 16 bed male and female secure detention facility governed by the Office of State Court Administrator (OSCA) and contracted with the Missouri Division of Youth Services (MDYS). Stoddard County established its first juvenile detention facility in the mid 1980's. The facility was originally a very small building, housing a minimal number of residents and detention staff. In 2001, a much larger state of the art facility was built by the county. Residents from various counties (Stoddard, Dunklin, Perry, Bollinger, Cape Girardeau, Butler, Ripley, Howell, Oregon, Shannon, and Carter) and MYDS place juveniles in the facility are typically pending adjudication and/or disposition and commitment by the courts. The placements are by a Juvenile Officer, Court Order, or the Division of Youth Services. The average daily population has been six (6) residents with an average length of stay of ten (10) to twelve (12) days ranging between the ages of 9-17.

SCRDC is staffed with twenty-two (22) full-time and part-time employees. The staff consisted of: Superintendent; three (3) Detention Juvenile Officers; Secretary (part-time); Food Service Staff (part-time) and sixteen (16) state and county funded Detention Aides (full & part-time) at the detention facility. The Detention Juvenile Officers or Detention Aides complete an initial intake medical and mental health assessment of each resident. Medical services are provided by an outside source who would complete the physical assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Additionally, dental services are provided by an outside source consisting of dental care, cleaning, education, and treatment fillings to extractions.

Emergency services and forensic examinations are conducted at the Beacon Health Center, Cape Girardeau, Missouri. Mental health services are provided by contracted individuals. They provide the initial mental health assessment and refer residents to outside mental health and substance abuse services for any additional services deemed necessary to assist the resident. SCRDC operates with a

certified education teacher employed by the Bloomfield R-14 school district, which provides state accredited educational services for the residents. The credits earned in the school by the residents can be transferred back to their public school. Additionally, the IEP's and/or diagnosed Learning Disabilities accommodations are available for each resident, if applicable.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

N/A

Number of Standards Met: 43

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with the PREA Standards for Juvenile Facilities.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

No Corrective Actions were required.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.311 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Stoddard County Regional Detention Center PREA Policy for the 35th Judicial Circuit Juvenile Detention Center (SCRDC)
Organizational Chart
PREA Coordinator's Job Description
Annual PREA Supervision & Monitoring Report
PREA Pre-Audit Questionnaire

Interviews:

Superintendent/PCM
Random Staff
Residents

Provision (a):

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

The initial review of the SCRDC PREA Policies for the 35th Judicial Circuit Juvenile Detention Center outlines how the detention facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the detention facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. The facility Policy mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The Policy provides for the appointment of a PREA Coordinator by the Superintendent.

Provision (b):

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

SCRDC Superintendent is designated as the PREA Coordinator and the PREA Compliance Manager who indicated that she has sufficient time to oversee the detention facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews; staff had been trained and was knowledgeable of SCRDC Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements

Provision (c):

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

Agency operates only one facility.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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 ☐ No ☒ NA

115.312 (b)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 internal or external oversight bodies? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.313 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

115.313 (e)

- 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 ☐ No ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- 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 functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
 SCRDC Direct Care Staffing Pattern Report
 SCRDC Staffing Plan
 Documentation of Staff Numbers (2016)
 PREA Unannounced Rounds Documentation
 PREA Pre-Audit Questionnaire

Interviews:

Superintendent/PCM
 Random Staff

Provision (a):

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

- (1) Generally accepted detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

Facility Policy provides details for maintaining the staffing ratios. Minimum staff ratios are always maintained in accordance with Office of State Courts Administrator (OSCA) requirements, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. The camera system is monitored constantly from the control room located between the two pods and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interview with the Superintendent and review of staffing plan and observations. The work schedules are based on the staffing plan and facility policy.

Provision (b):

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

The facility Policy states in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented. The Superintendent stated that there were two occasions where there were deviations to the staffing plan in 2016 but none in the past 12 months. The facility has documentation via a memo "Documentation of Staff Numbers" on the two deviations from the staffing plan.

Provision (c):

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

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

SCRDC PREA Policy provides, at the least, an annual assessment of the staffing plan is conducted. There was an annual staffing plan review last year conducted by MDYS. In developing the plan, staff reviews areas such the prevailing staffing patterns; deployment of video monitoring system; and occurrence of unannounced rounds. Facility Design and Technology, provides that administration in conjunction with the Superintendent assess the video monitoring system at least annually and document the assessment.

Provision (d):

In the past 12 months, the facility, in consultation with the agency PREA Coordinator, shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section; to prevailing staffing patterns; to the facility's deployment of video monitoring systems and other monitoring technologies and to the resources the facility has available to commit to ensure adherence to the staffing plan.

A review of the SCRDC PREA Policy & Procedures, the Staffing Plan and the Unannounced Program Visit Forms it was determined that the facility has assessed, determined, and documented whether adjustments were needed to the staffing plan established pursuant to paragraph (a) of this section over the past 12 months. The supervisor stated that the deployment of video monitoring systems and other monitoring technologies and to the resources the facility has available to commit to ensure adherence to the staffing plan was considered.

Provision (e):

The facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy and practice should be implemented for night shifts as well as day shifts. In addition, the facility should 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 functions of the facility

The SCRDC Superintendent and assigned supervisory staff conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment. Unannounced rounds are conducted quarterly on every shift and documented on the "Unannounced Quarterly - Shift Monitors" form that contains observations of all areas of the facility. Staff interviews confirmed the process takes place in the detention facility.

Conclusion:

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

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- 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 ☐ No ☐ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
PREA Pre-Audit Questionnaire
Training Sign-in Sheet
Resident Handbook
Posted Signs
English-to-Spanish Phrase Book

Interviews:

Superintendent/PCM
Random Staff
Random Residents

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

SCRDC PREA Policy on Limits to Cross Gender Viewing and Searches prohibits cross-gender strip searches and cross-gender visual body cavity searches. There is no evidence of cross-gender strip searches or cross-gender visual body cavity searches occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the Superintendent, no such searches have been conducted.

Provision (b):

The agency always refrains from conducting cross-gender pat-down searches of female residents, except in exigent circumstances. In addition, the agency shall always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

SCRDC PREA Policy provides that staff will only conduct cross-gender pat-down searches of females only in exigent circumstances. There should be both male and female staff on duty at all times. No cross gender pat down searches, or visual searches should ever occur unless in the rarest of exigent circumstances and only after contacting the detention superintendent and the justification for the search must be documented. Interviews with Staff indicated that cross-gender pat-down searches have not occurred at the facility, but the facility is prepared for them to be conducted in exigent circumstances. Based on the review of the Pre-audit questionnaire; and staff interviews; training sign-in sheets; and training acknowledgement statements, the facility follows this provision of the standard.

Provision (c):

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

The Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. Cross-gender pat-down searches may be conducted only in exigent circumstances which random staff interviews summarized as an extreme emergency. The Policy indicates that in the event a cross-gender search is warranted pursuant to an emergency circumstance, it must be approved by the Superintendent and the justification for the search documented. Such searches would be documented on a form currently used for all searches which have been used for same sex searches. The form

requires the staff to record the reason for the search. The evidence shows the facility is prepared to document and justify all cross-gender pat-down searches.

Provision (d):

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

SCRDC PREA Policy states the facility will enable residents to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances or during routine room checks. Staff members of the opposite gender are required to knock and/or announce themselves upon entering the unit. This practice was confirmed through observation of signage indicating such and interviews with staff. There is a video camera in every room and it is angled to observe the sleeping and table activity only. A review of the cameras verified that residents can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

Provision (e):

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

SCRDC Policy prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status. Staff interviews verified no such searches have occurred in the past 12 months. According to the Policy, if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff interviews confirmed they are aware facility policy prohibits them from conducting a physical examination of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the documentation reviewed and staff interviews, the facility meets this provision of the standard.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

SCRDC PREA Policy states that staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation and staff interviews support the training is conducted at least annually. Training participation is documented with sign-in sheets and training acknowledgement forms. The evidence shows staff is trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Conclusion:

Based on the reviewed documentation and interviews, the facility follows this provision of the standard.

Standard 115.316: Residents with disabilities and residents who are limited English proficient**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.316 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- 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 ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Translation/Interpreter
Preventing Sexual Assault Abuse & Harassment Handbook/Pamphlets in English and Spanish
An English-to-Spanish Handbook
Guidelines for Foreign Language Line Solutions

Relay Missouri DYS for Hearing and Speech Impaired Contact Numbers
Employee Training Acknowledgement of Cross Gender Pat Down Searches

Interviews:

Random Staff
Random Residents
Superintendent/PCM

Provision (a):

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

The facility Policy addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All residents are given an oral presentation of the facility rules/regulations and PREA Requirements by staff during intake. The 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, performance of first responder duties, or the investigation of the allegations. Staff interviews and an interview with a contractor confirmed this information.

Provision (b):

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

There are postings throughout the detention facility in English and Spanish. Bloomfield R-14 school staff will provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff training documentation, pamphlet, and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The evidence shows the facility ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.

Provision (c):

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

According to Policy the facility prohibits the use of resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of an interpreter during the site visit.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient.

Standard 115.317: Hiring and promotion decisions**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.317 (a)**

- 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 ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

115.317 (b)

- 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 ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- 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 ☐ No

115.317 (f)

- 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 ☐ No
- 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

SCRDC PREA Policy & Procedures Guidelines Hiring and Promotion
SCRDC Personnel Management /Employment
Personnel Files

Interviews:

Superintendent/PCM
Human Resources Manager
Random Staff

Provision (a) & (f):

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—
(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
(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

SCRDC PREA Policies contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to state and federal criminal databases to conduct background checks, child abuse registry checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. Interviews with the Superintendent revealed that the initial background checks are conducted by the supervisor and includes a request for screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to state and federal criminal databases to conduct background checks, child abuse registry.

Provision (b):

The agency shall consider any incident 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.

The facility Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview with the Superintendent was aligned with the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview with the Superintendent, the facility follows this provision of the standard.

Provisions (c) & (d):

(c) Before hiring new employees or (d) contractors who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The agency policy requires background checks to occur prior to residents receiving services from contractors and volunteers and confirmed by the Superintendent's interview. Additionally, best efforts should be made 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. Based on the review of documentation and interview with the Superintendent, the facility follows this provision of the standard.

Provision (e):

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

The agency conducts 5-year background checks for all employees and contractors. Material omissions by an employee are subject to termination. Additionally, contractors who have contact with residents

have documented criminal background checks. A sampled review of staff records contained the documented criminal background.

Provision (g):

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

Facility Policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interview with the Superintendent, the evidence shows the facility follows this provision of the standard.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The interview with the Superintendent confirmed the facility would provide this information if requested to do so. Facility Policy also states the information would be provided when requested unless it is prohibited by law to provide the information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.) ☐ Yes
☐ No ☒ NA

115.318 (b)

- 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
☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

SCRDC PREA Policy & Procedures

Interviews:

Superintendent/PCM

Provision (a): N/A

The detention facility upgraded their audio, cameras and video surveillance system in 2014 to address any blind spots in the facility. This has enhanced their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enabled the staff to monitor residents more efficiently throughout the physical plant of the detention facility. The interview with the Superintendent and according to the Pre-Audit Questionnaire, SCRDC has not had a substantial expansion or modification since the last PREA Audit.

Provision (b): N/A

The documentation review did not contain any information on the installation of audio and video monitoring upgrades.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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.)
☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Evidence Protocol and Forensic Medical Examinations
Memorandum of Understanding (MOU) with Beacon Health Center
Memorandum Request to Stoddard County Sheriff Department (SCSD) for Investigations
Resident Handbook

Interviews:

Medical Staff
Representative, Beacon Health Center
Superintendent/PCM

Provisions (a) & (b):

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be

developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

SCRDC policy contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. The facility does not conduct investigations or forensic. Beacon Health Center agrees to provide SAFE (Sexual Assault Forensic Examinations) medical examinations and forensic interviews for alleged victims of sexual abuse that are residing in SCRDC. Documentation was provided that the medical examiners at Beacon Health Center are SANE and SAFE certified. All residents are offered forensic medical examinations at no financial cost to the victim. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some staff interviews confirmed Missouri Division of Youth Services (MDYS) & Stoddard County Sheriff Department (SCSD) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate.

The Policy states forensic medical examinations will be conducted, when needed, would be conducted at the Beacon Health Center. The MOU verified that forensic exams would be conducted at no cost to the youth or their family. No forensic medical exams were conducted during the previous 12 months. The Sexual Assault Policy of the Hospital states that the medical forensic examination will be conducted by a SANE or SAFE. The facility Policy states that the services will be provided at no cost to the victim. The Nurse's interview was aware of the facility Policy.

Provisions (d) & (e):

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

There is evidence of SCRDC obtaining MOU with the Beacon Health Center to provide confidential emotional support to residents who are victims of sexual abuse. Documentation was provided that the medical examiners at Beacon Health Center are SANE and SAFE certified. All residents are offered a forensic medical examination at no financial cost to the victim. According to the agreement, with the Beacon Health Center, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The staff representative confirmed that advocacy services will be provided in accordance with the agreement.

The interview with the PCM confirmed the resident and/or facility staff members are able to utilize the hotline to request a victim advocate.

Provisions (f):

(f) To the extent the agency, itself, is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Allegations of sexual abuse that are criminal in nature are conducted by the Stoddard County Sheriff Department (SCSD). The SCSD is required to follow the agency protocol regarding sexual abuse/assault investigations. Agency policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults.

Provisions (g): N/A

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility has an agreement with the Beacon Health Center offering victim advocate services. The Program Manager states that her staff has certification for completing their PREA Victim Support Staff Training. The representative stated that staff is trained to provide supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.

Conclusion:

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

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (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 ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
Memo to Stoddard County Sheriff Department (SCSD)
Resident Handbook/Pamphlet
Pre-Audit Questionnaire

Interviews:

Superintendent/PCM
Random Residents
Random Staff

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The facility Policy and the memo request verify the cooperation between the facility staff and the SCSD. The Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports no allegations of sexual abuse and no allegation of sexual harassment.

Provision (b) and (c):

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Stoddard County Sheriff Department (SCSD) for criminal investigation and Missouri Division of Youth Services (MDYS) for administrative investigation. The PREA policy can be found at the Missouri state's website. The detention facility has reported no allegations of sexual abuse and sexual harassment resulting in a criminal investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements

Provision d:

NA

Provision e:

NA

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
Greene County PREA Training Video Outline
Employee PREA Training Documentation Training Attendance Record (Sign-in Sheets)

Interviews:

Random Staff
Superintendent/PCM

Provisions (a) and (c):

All employees shall be provided information on the agency's zero tolerance of sexual abuse and sexual harassment of offenders and an overview of staff duties to meet PREA requirements. Documentation of receipt of the information and training shall be maintained in the employee training file.

The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;

- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

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

The SCRDC PREA Policies requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All 11 topics covered during PREA training are consistent with this standard's requirements and is tailored to the detention facility's male and female resident population. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff is required to sign acknowledgement forms for both policy and video upon completion of the initial PREA training. A review of all acknowledgment forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and or sexual harassment. Additionally, SCRDC Superintendent provided staff with an additional educational tool, a PREA pocket guide (Quick Series) located in master control.

Provision (b):

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

The facility houses males and females and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy state the training shall be tailored to the needs and attributes to the population served.

Provision (d):

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

The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. The facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is following the provisions of this standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 ☐ No

115.332 (b)

- 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 ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Training and Education
Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement

Interviews:

Contractors
Superintendent/PCM

Provision (a):

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

SCRDC PREA Policy & Procedures requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and the training is documented. All volunteers, interns and contractors receive and sign an acknowledgement form they understand the PREA training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. An interview with a contracted teacher confirmed his knowledge of the PREA training.

Provision (b):

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The contractors and volunteers also stated the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The superintendent verified with documentation that all volunteers and contractors understand the training they have received. The Non-Direct Care Staff Volunteer and Contracted Service Provider Agreement contain the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training.

Standard 115.333: Resident education**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- 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 ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.333 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Resident Training
PREA Education Safety First Lesson Plan
Youth Safety First Training and Youth Training Record (English & Spanish)
Resident Handbook "Your Right to be Safe from Sexual Assault and Abuse"
Posters Observed

Interviews:

Random Residents
Intake Staff
Superintendent/PCM

Provisions (a) and (b):

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from 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.

SCRDC PREA Policy & Procedures requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the detention juvenile officer and or detention aide staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook is provided to them for future reference. After the review with

the resident he/she is asked to sign various forms verifying receipt for all information regarding orientation to the detention facility. All residents are provided SCRDC Your Right to be Safe from Sexual Assault and Abuse brochures which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and is available in Spanish. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook. Additionally, they indicated their detention officer and detention aide staff have continued to provide this education on an ongoing basis.

Provision (c):

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

The Intake staff was interviewed regarding PREA education for residents transferred to SCRDC. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook. Available documentation reviewed indicated that residents' receipt of the information, including the resident signing the acknowledgement form.

Provision (d):

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

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Posted PREA information is in English and Spanish accessible to residents. Staff, contractors, volunteers, and visitors are aware of services available to assist with disabled residents. Staff interviews confirmed residents are not used as translators or readers for other residents.

Provision (e):

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

A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The resident interviewed was aware of PREA information, including the rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The PREA Compliance Manager was interviewed regarding PREA education for residents. The PREA Compliance Manager ensures residents' receipt of the information, including the resident signing the acknowledgement form.

Provision (f):

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

A brochure is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The brochure provides educational information regarding sexual abuse and victims. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the hotline to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each resident is

provided a Handbook and Safety Brochure. Posters were observed placed throughout the facility and were easy to see and read.

Conclusion:

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

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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).] ☒ Yes ☐ No ☐ NA

115.334 (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).] ☒ Yes ☐ No ☐ 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).] ☒ Yes ☐ No ☐ 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).] ☒ Yes ☐ No ☐ 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).] ☒ Yes ☐ No ☐ NA

115.334 (c)

- 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).] ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
Pre Audit Questionnaire (PAQ)
Children's Division investigators Protocols

Interviews:

Superintendent/PCM
Stoddard County Sheriff Department (SCSD) (CDPS)

Provision (a):

In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

The SCRDC PREA Policies requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the MDYS & SCSD for investigations.

Provision (b):

Specialized training shall include: Techniques for interviewing juvenile sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The Superintendent stated that the Agency Investigators have received training in Detecting and Responding to Sexual Abuse and Sexual Harassment. The Superintendent/PCM stated that the Children's Division investigators and SCSD Investigators training is compliant with the PREA Standard requirements identified in provision (b).

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The Superintendent informed the Auditor that documentation is available at the Agency to verify that all the agency designated administrators have completed the required training in conducting sexual abuse investigations.

Conclusion:

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

Standard 115.335: Specialized training: Medical and mental health care**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.335 (a)**

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

115.335 (b)

- 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.) ☒ Yes ☐ No ☐ NA

115.335 (c)

- 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? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
Pre Audit Questionnaire (PAQ)

Interviews:

Superintendent/PCM
Contract Medical Mental Health Services Providers

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment.

SCRDC PREA Policy & Procedures requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. All residents are transported to outside services for medical services and mental health services to the residents. This standard therefore would not be applicable for specialized training requirements for medical and mental health staff since the services are provided by outside sources.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations?

N/A. Medical staff at the facility does not conduct forensic exams.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

An Interviews and documentation indicated that contracted mental health staff have received the Agency required PREA Training and additional specialized training.

Provision (d):

Medical and mental health care practitioners employed by the agency shall also receive training mandated for employees by §115.331 and §115.332.

Interviews and documentation indicated that contracted mental health and medical staff have received the agency mandated training.

Conclusion:

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (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 ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- 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 ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC Manual Intake and Admission-Orientation

Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (SAVAC)

Interviews:

PREA Coordinator

Staff Responsible for Risk Screening

Provision (a):

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The Policy provides a risk screening occurs within 72 hours upon arrival to the facility. All intake staff will interview the resident and obtain information about the resident's personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The resident's risk level is reassessed periodically.

SCRDC PREA Policy & Procedures requires prior to placement as part of the screening process, each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the Sexual Assault Victim Assailant Checklist (SAVAC) and within 72 hours. All residents are screened within twenty-four hours upon arrival at SCRDC to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum of daily or monthly depending on their length of stay at the detention facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident's own views of their safety in placement and programming assignments.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (SAVAC) is used to obtain information required by the standard. All residents are screened within twenty-four hours upon arrival at SCRDC to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program.

Provision (c):

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

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (SAVAC) screening instrument and determined all factors required by this provision of the standard are included. The facility provided the Auditor with examples of the screening tool. The SAVAC is used to obtain information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The Policy states residents will be screened within 72 hours of admission; however, interviews with residents indicated it is also administered earlier.

Provision (d):

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

The interview and review of Policy revealed how the objective instrument is administered to glean information to assist staff in keeping residents safe. The responses on the instrument garner a score and the risk level is determined by definition and the corresponding number to that definition. The facility Policy states the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. The staff and resident interviews are aligned with the Policy and this provision of the standard. The review of the instrument and interview with the PREA Compliance Manager and a review of relevant documentation of risk screening confirmed the information is ascertained through conversations with the residents.

Provision (e):

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

The detention facility's policies limit staff access to this information on a "need to know basis." The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. Interviews revealed the information is available to all staff involved in the intake and screening process as well as the PCM and the mental health staff. The documents are kept in the resident's file in a locked file cabinet in the locked office when unoccupied by the PREA Compliance

Manager. The Auditor observed the files to be maintained in a secure manner. The evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.342 (b)

- 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 ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
☒ Yes ☐ No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- 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 ☐ No ☐ NA

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☒ Yes ☐ No ☐ NA

115.342 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Housing, Education, and Programming Assignments
Screening for Risk of Sexual Victimization and Abusiveness (SAVAC)
Pre-Audit Questionnaire

Interviews:

Superintendent/PCM
Staff Responsible for Risk Screening/Intake
Random Staff
Random Residents

Provision (a):

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The facility Policy provides guidance to staff regarding the use of the information obtained from the screening forms. The staff interviews and information obtained through the administration of the SAVAC and other screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of specific samples of the aforementioned completed screening instrument. The facility also uses additional screening instruments.

Provision (b):

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

SCRDC Policy indicates that residents will not be placed in isolation or on a high risk status as a means of keeping them safe from discrimination, harassment, violence or abuse. Staff is expected to immediately intervene and address any behaviors that threaten the safety of another resident. The Superintendent explained that residents may be placed on no-contact separation from other residents for situation that may include if they were involved in the same crime for which they are being held; if they pose a serious or credible threat to another resident; if another resident poses a serious or credible threat to them; or if a resident makes this request due to prior conflict with another resident. Placing youth on No Contact separation requires approval of the Superintendent or Assistant Superintendent. The resident shall immediately begin participating in regular programming after orientation based on the information obtained with the goal of keeping the residents safe, including from sexual abuse/assault and harassment.

Provision (c):

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

The Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. Based on the needs of the juvenile, room assignment can be reassessed at the time of orientation and at other times as needs present. Room assignment will not be made based on sexual orientation or gender identity or gender expression. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The restroom/showers were observed and were configured for a reasonable amount of privacy.

Provision (d):

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The Policy also provides that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews. There were no transgender or intersex residents in the facility during the site visit and this audit period. The PREA Compliance Manager's interview indicated that the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Provision (e):

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

The Policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident. SCRDC PCM is aware of the requirement. The PCM confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident.

Provision (f):

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

The Policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. There is never a time that more than one (1) resident is in the bathroom. In addition to staff explaining to each resident during intake, the shower procedures are printed and posted at the entrance of the bathroom.

Based on the needs of the juvenile, room assignment can be reassessed at the time of orientation and at other times as needs present. Room assignment will not be made based on sexual orientation or gender identity or gender expression.

Provision (g):

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

The Policy states transgender or intersex residents shall be given the opportunity to shower separately from other residents which is also supported by staff interviews. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. There is never a time that more than one (1) resident is in the bathroom. In addition to staff explaining to each resident during intake, the shower procedures are printed and posted at the entrance of the bathroom.

Provision (h):

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 and the reason why no alternative means of separation can be arranged?

SCRDC Policy indicates that residents will not be placed in isolation or on a high risk status as a means of keeping them safe from discrimination, harassment, violence or abuse. Staff is expected to immediately intervene and address any behaviors that threaten the safety of another resident. All incidents of isolation are documented.

Provision (i):

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?

The Superintendent stated that no residents have been put in isolated status over 30 days. If so, the agency would follow the requirements of this standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening with the goal of keeping all residents safe and free from sexual abuse.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

115.351 (b)

- 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 ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- 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 ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA) Screening Intake and Admission
 PREA Pamphlet: What You Need To Know/Your Rights
 Safety Pamphlet
 Resident Handbook
 Rape, Abuse and Incest National Network Assault Hot Line
 Resident Grievance Forms
 Observed PREA Posters
 ICE Detention Reporting and Information Line Contact Poster

Interviews:

Superintendent/PCM
 Random Staff
 Random Residents

Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

SCRDC policy covers this standard under Abuse, Neglect and Reporting. An initial review of the SCRDC policies indicate that the facility provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline, Rape, Abuse, Incest National Network (RAINN) and third party. While touring the entire detention facility, it was observed in the day rooms postings of the PREA information (posters) and the victim advocate information postings. Reporting procedures are provided to residents

through the resident handbook. All staff and resident interviews along with the supporting documentation verified compliance with this standard.

Provision (b):

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

These various ways of reporting include advising an administrator, a staff member, telephoning the Child Abuse hotline, and third party. While touring the entire detention facility, it was observed in the day rooms postings of the PREA information (posters) and the victim advocate information postings. A "Suggestions and Anonymous Reporting" box is located in the classroom and is available for staff and detainees alike to privately report if they wish.

Provision (c):

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

SCRDC requires all staff to report immediately, in accordance with policy guidelines, any knowledge, suspicion, or information regarding an incident of offender sexual abuse or offender sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a grievance or Medical Request Form, or through a third-party.

Provision (d):

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

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the telephone on the living units; use of telephone in an office; third-party reporting form online; report by email to administrative staff; and/or talk to supervisor in private.

Conclusion:

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

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegation of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA) Grievance Procedures and Reporting
Grievance Forms
Safety Pamphlet
Resident Handbook

Interviews:

Random Staff
Superintendent/PCM
Random Residents

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The Auditor confirmed SCRDC PREA Policy describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. A "Suggestions and Anonymous Reporting" box is located in the classroom and is available for staff and detainees alike to privately report if they wish. The Grievance or Complaint form is available in Spanish. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The SCRDC Detention Superintendent will review the complaint within 24 hours and advise the resident of the outcome or status of the investigation. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the deposit box. Most residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints.

Provision (b):

- (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident claiming the applicable statute of limitations has expired.

The facility Policy provide for the above provisions. Based on the review of the Resident Handbook, Administrative Review of Grievance form, resident interviews, and observations, residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. the facility provides relevant information to the residents and has timelines in place to adhere to this provision of the standard.

Provision (c):

The agency shall ensure that—

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

A "Suggestions and Anonymous Reporting" box is located in the classroom and is available for staff and detainees alike to privately report if they wish. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation.

Provision (d):

- (1) The agency shall 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.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the resident may consider the absence of a response to be a denial at that level.

The SCRDC Superintendent will review the complaint within 24 hours and advise the resident of the outcome or status of the investigation. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the deposit box. There were no grievances filed that alleged sexual abuse in the 12 months preceding the audit. Based on the review of the Policy, resident interviews and Pre-audit questionnaire and associated memos of non-occurrence by the Superintendent, evidence shows the facility follows this provision of the standard.

Provision (e):

- (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- (2) 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.
- (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The SCRDC PREA Policy provides that third parties may file a grievance on behalf of residents and such action is not conditioned upon the resident agreeing to the filing of the grievance. There were no grievances alleging sexual abuse filed in the 12 months preceding the audit in which the resident declined third-party assistance. Based on the review of the pre-audit questionnaire, and associated memos of non-occurrence, evidence shows the facility follows this provision of the standard.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

SCRDC PREA Policy & Procedures provides for this provision of the PREA Standard. Once the emergency grievance is received, it is dealt with through the appropriate administrative channels and Policy. Residents that have made allegations of sexual harassment, abuse or assault will be notified of a final agency decision within five calendar days.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The Policy requires the actions of this standard provision. During the past 12 months, there were zero resident grievances alleging sexual abuse. Based on the review of the Policy, associated memos of non-occurrence, and posted information, evidence shows the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- 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 ☐ No

115.353 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Reporting of PREA Violations
MOU Beacon Health Center Advocacy Center
PREA Brochure (Safety Pamphlet)
PREA Notification/Acknowledgement Form
Resident Handbook
Posted Information

Interviews:

Superintendent/PCM
Beacon Health Center Advocacy Services Representatives

Provision (a):

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

A review of SCRDC PREA Policies provides assurance that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is documentation of the SCRDC Superintendent obtaining the MOU with the Beacon Health Center for victim advocate services. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The detention facility provides daily calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The pamphlet contained information of the outside services. Resident interviews revealed limited knowledge of how to access outside services. However, additional education has been provided to the residents on victim advocate services and the telephone number is clearly posted for residents viewing.

Provision (b):

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

The Policy addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement brochure, specific to the review of the reporting and advocacy services, contains information regarding the advocacy services to be provided by the Beacon Health Center.

Provision (c):

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

The facility has a MOU with Beacon Health Center/ Advocacy Center to provide supportive services to youth upon request. A copy of the agreement was reviewed by the Auditor.

Provision (d):

The facility shall provide residents with reasonable and confidential access to their attorneys or other legal representation?

All resident interviews confirmed that those who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident access to outside confidential support services and legal representation.

Standard 115.354: Third-party reporting**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.354 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Reporting of PREA Violations
MOU Requirements with Beacon Health Center
SCRDC PREA Brochure (What you should know about sexual abuse & assault)
Resident Handbook
Posted Information

Interviews:

Random Staff
Superintendent/PCM
Random Resident

Provision (a):

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The Policy addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. A review of SCRDC PREA Policies identifies third party reporting process and instructs staff to accept third party reports. Missouri Department of Youth Services website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident and the detention facility's information is located in their visitation area. All resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting. The facility provides various methods for third-party reports of sexual abuse or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- 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 ☐ No

115.361 (d)

- 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 ☐ No
- 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 ☐ No

115.361 (e)

- 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 ☐ No
- 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 ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No

115.361 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA) Reporting Requirements
Missouri Reviser of Statutes Title XII Public Health Welfare Chapter 10
Training Outlines
PAQ

Interviews:

Random Staff
Contract Medical Staff
Contract Nurse/Mental Health Staff
Superintendent/PCM
Random Residents

Provision (a) and (b):

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

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

Provision (c):

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

Facility Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. All

detention staff receives information on clear steps on how to report sexual misconduct and to maintain confidentiality through detention facility protocol and or training.

Provision (d):

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

The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters.

Provision (e):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Upon receipt of any allegation of sexual abuse, the Superintendent will report the allegation to the appropriately identified investigative agency. The Superintendent shall also contact the resident's parents, attorney, and/or legal guardians within three working days of receipt of the information. All allegations that are criminal in nature are referred to the SCSD. Allegations of sexual abuse are also reported to the child protective agency where the incident occurred

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Superintendent stated that upon receipt of any allegation of sexual abuse would report the allegation to the appropriately identified investigative agency, the SCSD. Allegations of sexual abuse are also reported to the child protective agency where the incident occurred.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding agency and staff reporting duties.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

SCRDC PREA Policy & Procedures
Pre-Questionnaire Documentation

Interviews:

Superintendent/PCM
Random Staff

Provision (a)

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

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

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Reporting Requirements
MOU/Charleston Department of Public Safety
Pre Audit Questionnaire (PAQ)

Interviews:

Superintendent/PCM
Supervisory Staff

Provisions (a), (b), (c), and (d):

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

An initial review of the SCRDC PREA Policies requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another detention facility, to notify the head of the other detention facility where the alleged abuse occurred and to report it in accordance with

SCRDC policy and procedures. Also according to policy and procedure the Superintendent is to immediately report the incident to the Missouri Division of Youth Services (MDYS) for investigation and complete an incident report. The SCRDC Superintendent had not received any allegations that a resident was abused while confined at another detention facility during the past 12 months. The APC stated that the MDYS also requires mandated reporters to report such an allegation to Children's Protection Investigative section, Out of Home Investigations (OHI).

Conclusion:

Based upon the information received and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to other confinement facilities.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.364 (b)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA) First Responders
SCRDC First Responder Protocols in the Event of Sexual Abuse
DYS Coordinated Response for First Responders

Interviews:

Superintendent/PCM
Random Staff
Non-Security Staff First Responder

Provision (a):

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time-period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time-period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

SCRDC Policy provides staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegation of sexual abuse during the past 12 months. First responder's interview validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time-period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence. The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations that a resident was sexually abused in the last 12 months.

Provision (b):

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

The non-security staff who may act as a first responder was familiar with the duties in that role. First responder's interview validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. It was indicated that they would alert the supervisor, separate the victim and perpetrator, and request the victim and perpetrator do not take any actions that could destroy physical evidence. He further stated he would go with the victim to the hospital.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Reporting of PREA Violations
SCRDC Coordinated Response Plan

Interviews:

Superintendent/PCM
Random Staff

Provision (a):

The facility shall develop 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.

The facility has developed a Coordinated Response to Report Sexual Abuse which is aligned with the detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The Plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. The flow chart maps out the steps to take, time table and staff responsibilities. Coordinated Response clearly enumerates the actions to be taken by each discipline or involved staff person. Plans include instructions for accessing Beacon Health Center. Interviews with the SCRDC Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault. The Checklists assist staff in confirming protocols are followed, including proper and timely notifications.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse. No allegations of sexual abuse have been reported during this audit period.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Provision (a):

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

Provision (b):

N/A

Conclusion:

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

Standard 115.367: Agency protection against retaliation**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.367 (a)**

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- 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 ☐ No

115.367 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.367 (e)

- 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 ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

SCRDC PREA Policy & Procedures Protection Against Retaliation
Retaliation Status Check Checklist
Retaliation Monitoring Checklist

Interviews:

Retaliation Monitor/ Superintendent/PCM
Random Staff

Provision (a):

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

The SCRDC Policy requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. SCRDC policy prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The SCRDC Superintendent is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months. The Superintendent is responsible for monitoring retaliation.

Provision (b):

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

Staff interviews confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The Superintendent identified protective measures that are aligned with the Policy and standard, including separating the alleged abuser from the alleged victim. The Superintendent was knowledgeable on what to look for and what to do with respect to retaliation against, or by, youth and/or staff. This includes periodic status checks. There were no instances of actual or threatened retaliation during the previous 12 months.

Provision (c):

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

The Policy requires the monitoring of items identified in this provision of the standard. Superintendent explained during the interview that the monitoring at a minimum will take place for a period of 90 days or longer, as needed. The monitoring will continue beyond 90 days, if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

Provision (d):

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

The Superintendent indicated status checks would be initiated with staff and residents. The Policy states periodic status checks will occur. An approved retaliation status checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing monitoring and use of the Retaliation Status Checklist.

Provision (e):

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

The Policy states if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member, SCRDC shall take appropriate measures to protect that individual against retaliation.

Provision (f): N/A

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

SCRDC PREA Policy & Procedures

Interviews:

Retaliation Monitor/Superintendent/PCM

Provision (a):

Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?

The review of the SCRDC PREA Policies contained information on post allegation protective custody or guidelines for moving a resident to another housing area or another detention facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The detention facility restricts any isolation placement with no longer than thirty (30) days. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in the other housing/pod or staff would be placed on “no contact with resident.” The juvenile will immediately be placed in a protective environment pending initial investigation; If the allegation involves another juvenile, the offending juvenile will be placed in their room to ensure safety of all residents; If the allegation involves a staff member on shift, all the residents will be sent back to their rooms to ensure safety of all residents and staff will convene in the control room; Once the youth is protected the Superintendent, will be contacted immediately; If medical treatment is needed, or if a forensic exam is required, appropriate agencies will be contacted, and juvenile will be transported to address those needs. The child abuse/neglect hotline will be called within 1 hour.

The appropriate investigative agency, the Stoddard Sheriff Department will be called to collect evidence and conduct any necessary criminal investigation. Staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including: brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating. In addition, Mental Health/victim services will be made available if appropriate or requested. All staff on shift must complete a Critical Incident Report outlining the details of the incident, and follow up actions, prior to leaving their shift.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

- 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 ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- 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 ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

115.371 (h)

- 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 ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

- 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 ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA)

Beacon Health Center/MOU

The Child Protection Division Out of Home Investigation (OHI) Division Protocols

Stoddard Sheriff Department Letter of Agreement/MOU

Interviews:

Stoddard County Sheriff Department (SCSD) Representative

Superintendent/PCM

Random Staff

Provision (a):

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

The Superintendent stated during the interview that If the alleged incident of sexual abuse or sexual harassment does not rise to a level requiring notification of law enforcement or the Children's Protection Division, then Detention Administration shall conduct its own investigation in accordance with procedures set forth in Policy. The SCRDC Policy states that all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the SCSD for investigation and determination of criminal charges. There has been no reported investigation that appeared to be criminal and referred for prosecution of alleged staff's or residents inappropriate sexual behavior that occurred in this detention facility in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the detention center, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. Agency's appointing authority, usually the Superintendent, shall ensure cooperation and coordination with all investigating agencies/persons, and that the facility shall share all pertinent documentation, records, and available information with the agency.

Provision (b):

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The Superintendent stated that the Children's Protective Division Investigative Section, OHI and the SCSD investigators have received training in conducting investigations. The OHI and SCSD are the authorized agencies to conduct criminal sexual abuse investigations.

Provision (c):

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Per SCRDC Policy, the SCSD will conduct any criminal investigations. Investigators are trained on how to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators are required to interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Provision (d):

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

SCRDC Policy provides that an investigation will not be terminated solely because the source recants the allegation. The interviews confirmed what the practice will be in accordance with the Policy and standard.

Provision (e):

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

Investigations that are criminal in nature are investigated by the FPD as stated by staff interviews and Agency Policy.

Provision (f):

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

SCRDC Policy states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not be determined by the person's status as a resident or staff. Additionally, no resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provision (g):

Administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse;
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Policies, interviews and training documentation are inclusive of this provision of the standard. The Detention Administrators have been identified as administrative investigators. The investigators have received the regular PREA training as evident through documentation. The SCRDC staff has received training in first responder duties and understanding the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse, as confirmed by a review of training log, and curriculum.

Provision (h):

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interviews with the facility Superintendent/PCM, as well as a review of agency policy, indicate compliance of this provision of the standard. Although no training documentation was available for review at the time of the on-site audit, the representative of the SCSD stated that appropriate training has been received by the investigators and their experience to conduct a professional investigation. No criminal investigations have been conducted at the facility during this audit period.

Provision (i):

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

The Policy provides that all criminal investigations are referred to and conducted by the SCSD. The SCSD is responsible for referring for prosecution based on the outcome of the investigation.

Provision (j):

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

SCRDC Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years, unless applicable law requires a shorter period of retention.

Provision (k):

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

SCRDC Policy provides and interviews support that the departure of the alleged abuser or victim from employment or control shall not provide a basis for terminating an investigation, which was also supported by interviews.

Provision (l):

N/A

Provision (m):

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

SCRDC Policy states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. According to the Superintendent, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed. There have not been any allegations of sexual abuse during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations. All allegations of sexual abuse and sexual harassment are referred to a law enforcement agency.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
MOU Stoddard County Sheriff Department (SCSD)
Missouri Division of Youth Services (MDYS) Requirements

Interviews:

Superintendent/PCM

Provision (a):

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Designated Administrative staff conducts administrative investigations when deemed appropriate. SCRDC PREA Policies contains all the elements of the standard and the MDYS investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the SCRDC Superintendent indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature). Therefore, the consultation with legal and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence. Once a substantiated finding is made the agency may take disciplinary action. The Superintendent reported that in practice the standard shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Agency Policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of policy and interviews with outside agency representatives, and PREA Compliance Manager, indicated that SCRDC is aligned with the Policy.

Conclusion:

Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- 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 ☐ No ☐ NA

115.373 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.373 (d)

- 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 ☐ No
- 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 ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures

Memo MDYS Investigation Response of Findings Outcome

Interviews:

Superintendent/PCM

Random Residents

Provision (a):

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

SCRDC Policy addresses the resident being informed by staff when the investigation is completed, informed of the outcome of the investigation, and the documentation of the notification. Any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing/pod; the staff member is no longer employed at the facility; SCRDC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility. There has been no reported investigation of alleged staff or resident's inappropriate sexual

behavior that occurred in this detention facility in the past 12 months which was investigated and completed by an outside agency. The SCRDC Superintendent validated technical knowledge of the reporting process during the interview. The Superintendent will remain abreast of an investigation conducted by any of the investigative entities by serving as the primary contact person(s), as determined by the interviews. The SCRDC Policy provides that any resident who makes an allegation of sexual abuse shall be informed verbally by the Superintendent in writing following an investigation, as to whether or not the allegation was substantiated, unsubstantiated, or unfounded.

Provision (b):

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

The SCRDC Policy states the facility shall request all relevant information from the investigating agency in order to inform the resident of the outcome of the investigation.

Provision (c):

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing/pod; the staff member is no longer employed at the facility; SCRDC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility.

Provision (d):

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

With regard to investigations involving resident-on-resident allegations of sexual abuse, MDYS notifies the Superintendent of the detention facility who will then inform the resident whenever the detention facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the detention facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

The Policy provides that all notifications or attempted notifications following a resident's allegation that he has been sexually abused by another resident be documented. The Auditor reviewed documentation filed and zero incidents were reported within the past 12 months. Both investigative results were "unfounded."

Provision (f):

N/A

Conclusion:

The interviews with the identified staff confirm the Policy requirements and their knowledge of the process of reporting to a resident regarding the outcomes of an allegation of sexual abuse.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- 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 ☐ No

115.376 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Disciplinary Sanctions for Staff
Pre-Audit Questionnaire

Interview:

Superintendent/PCM
Random Staff
Random Residents

Provision (a):

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

SCRDC PREA Policy and Procedures requires staff disciplinary sanctions up to and including termination for violating detention facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with SCRDC policy and procedures. The SCRDC Detention Superintendent interview validated his technical knowledge of the reporting process was consistent with SCRDC policies and procedures.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Termination is the presumptive sanction for staff who has engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resigns because they would have been terminated are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee terminated in the past 12 months for violation of the facility's sexual abuse or harassment policies. Any disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations.

Provision (c):

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

SCRDC Policy provides that any disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

SCRDC Policy states all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of this policy, shall be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies.

Conclusion:

Based upon the review of Policy and interview, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

Standard 115.377: Corrective action for contractors and volunteers**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures

Interview:

Superintendent/PCM

Random Staff

Contractors

Provision (a):

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

Volunteers and contractors in violation of the detention facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the detention staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the SCRDC Superintendent. There have been no volunteers or contractors reported in the past 12 months.

Provision (b):

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Policy states the Superintendent will take appropriate remedial measures, and consider whether to prohibit further contact with residents in the case of any other violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. This was verified during an interview with the SCRDC Superintendent.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliant with this standard regarding corrective action for contractors and volunteers.

Standard 115.378: Interventions and disciplinary sanctions for residents**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ No

115.378 (c)

- 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 ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- 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 ☐ No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- 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 ☐ No

115.378 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures

Interview:

Superintendent/PCM
Random Staff
Random Residents

Provision (a):

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

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

Provision (b):

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

daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

SCRDC Policy provides that disciplinary sanctions are 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. The PCM stated that in the extreme event a disciplinary sanction results in the isolation of a resident, SCRDC shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Residents shall also have access to other programs and work opportunities to the extent possible and receive daily visits from medical and mental health staff, in accordance with Policy.

Provision (c):

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

The SCRDC Policy provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Superintendent.

Provision (d):

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

SCRDC Policy provides the facility considers whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

SCRDC Policy provides the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The SCRDC Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding interventions and disciplinary sanctions for residents.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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 ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, 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 ☐ No

115.381 (c)

- 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 ☐ No

115.381 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures Medical and Mental Health Screening
Individual Medication Medical Therapy Log

Interview:

Superintendent/PCM
Screening & Intake Staff
Medical Providers

Provision (a):

If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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?

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

Provision (b):

If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, 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?

Interview with the Superintendent and a review of PREA Guidelines indicates that if the screening for abusiveness and victimization indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health provider.

Provision (c):

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?

PREA Guidelines states that if the screening for abusiveness and victimization indicates that a youth has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a facility contracted Mental Health provider. The follow-up shall be completed within 14 days. All

confidential data and files are labeled on a "need to know" basis. Superintendent and medical staff interviews verified the procedures.

Provision (d):

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?

PREA Guidelines states that 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. Interviews with medical staff confirmed that services would be provided, if requested by a youth.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding mental/medical screening.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 ☐ No

115.382 (b)

- 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 ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- 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 ☐ No

115.382 (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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA)
Detainee Travel Log
SCRDC Pre Audit Questionnaire

Interview:

Superintendent/PCM
Random Staff
Medical Providers
Random Residents

Provision (a) and (b):

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

The SCRDC PREA Guidelines, requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Beacon Health Center provides the forensic examinations and victim advocate services and emergency services for this facility. Medical and mental health care provides that a resident who indicates during initial screening that they were a victim or perpetrator of sexual abuse shall be offered a follow-up visit with medical or mental health staff within 14 days of the intake screening.

Provision (c):

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

The Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the resident files maintained in a secure manner. The Supervisor indicated that all staffed involved in intake and screening have access to information related to sexual victimization or abusiveness that occurred in an institutional setting.

Provision (d):

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

The Policy provides that medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Mandated reporting requirements for child abuse or neglect must be followed for children under the age of 19.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 ☐ No

115.383 (b)

- 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 ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- 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.) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- 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 ☐ No

115.383 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures

Vulnerability Assessment: Risk of Victimization and/or Sexual Aggressiveness

Interviews:

Medical Staff

Mental Health Staff

Superintendent/PCM

Provision (a):

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

A review of the SCRDC PREA Policies requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the detention facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Beacon Health Center where they will receive treatment and where physical evidence can be gathered by a certified SANE/SAFE medical examiner.

Provision (b):

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

Interviews with the contract clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. There is a process in place to ensure staff tracks on-going medical and mental health services for victims who may have been sexually abused.

Provision (c):

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

Facility Policy, staff interviews and observations revealed medical and mental health services are consistent with the community level of care.

Provision (d):

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

Interview with contract medical providers and PCM confirmed that resident victims of sexually abusive vaginal penetration while incarcerated at SCRDC would be offered pregnancy tests. The Agency Policy states that a mental health specialist shall see the youth victim as soon as possible for assessment and crisis intervention, as appropriate. Based on the results of the trauma assessment, the mental health specialist shall develop a short-term trauma plan (i.e., psychiatric care, medication, mental health counseling, etc.) and an ongoing counseling plan as needed. Testing for Sexually Transmitted Diseases is provided, as medically appropriate.

Provision (e):

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

Youth are informed during their intake orientation that all such services identified in section (d) will be provided timely and without financial costs (also written in the PREA information each youth receive).

Provision (f):

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

The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be done at Parkland Health Center and follow-up services may be done at a local clinic, as needed.

Provision (g):

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

All treatment services will be provided at no cost to the victim, according to Policy and staff interviews.

Provision (h):

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

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. The Counselor's interview supported the Policy.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- 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 ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures (PREA)
Critical Incident Review Forms

Interviews:

Superintendent/PCM

Incident Review Team Member

Provision (a):

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

SCRDC PREA Policy and Procedures requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within 30 days. SCRDC Sexual Abuse Incident Review Team consists of the Detention Superintendent, Assistant Detention Superintendent and assigned supervisory staff. There has been no investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months and it was an unfounded incident. Staff interviews confirmed they would document their review on their Critical Incident Review form that captures all aspects of an incident. Investigations requires the facility to 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 deemed to be unfounded. The Superintendent is familiar with the Policy requirements. The Superintendent/PCM stated that a report of the findings would be developed to include recommendations for improvement. The report shall be submitted to the DYS Administrator. The Superintendent/PCM further stated that they may implement the recommendations for improvement or shall document the reasons for not doing so.

Provision (b):

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

There is a Critical Incident Review Form that would be completed within 30 days of the outcome of an Administrative or Criminal Investigation. The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. Although there has not been an allegation of sexual abuse, the and Superintendent confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

Provision (c):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

SCRDC Sexual Abuse Incident Review Team consists of the Detention Superintendent, Assistant Detention Superintendent and assigned supervisory. If needed, the investigators from the SCSD may be invited to the meeting, according to the Policy. The interview with the Superintendent confirmed the Policy requirements.

Provision (d):

The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made

pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interview with the Superintendent, review of Policy and documentation method confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing. The interview with the Incident Review Team Members confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. They confirmed the team would consider all factors required by the standard. A sexual abuse incident review has not been conducted during this audit period.

Provision (e):

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

The interview with the Incident Review Team Members confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. They confirmed the team would consider all factors required by the standard. A sexual abuse incident review has not been conducted during this audit period.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- 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 ☐ No

115.387 (d)

- 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 ☐ No

115.387 (e)

- 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 the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
SCRDC PREA 2015 - 2017 Annual Report
DYS OSCA PREA Data
PREA Pre-Audit Questionnaire

Interviews:

Agency PREA Coordinator
Superintendent/PCM

Provisions (a) & (c):

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

SCRDC PREA Policy requires the collection of accurate, uniform data for every allegation of sexual assault. The SCRDC Detention Superintendent collects all data related to PREA; forwards the report to Office of State Court Administrator (OSCA) and this information is forwarded to the MDYS PREA Coordinator/Senior Program Administrator. MDYS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of both the OSCA reports and the 2017 annual report revealed it was completed according to this standard. The

Policy requires the use of a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. A review of the PREA Data document demonstrates that it includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice. The agency utilizes a survey for collecting data by the State of Missouri regarding sexual contact prevention.

Provision (b):

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

The agency collects, aggregates, and maintains the data, as required by the standard. MDYS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of both the OSCA reports and the 2018 annual report revealed it was completed according to this standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. This procedure was verified by the Detention Liaison to the Statewide Detention PREA Coordinator. The Superintendent is responsible for compiling records and annually reporting statistical data to the State of Missouri who then compiles all statewide data and submits to Federal Bureau of Justice as required by the Department of Justice. The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

Provision (d):

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

The facility maintains and collects various types of identified data and related documents regarding PREA. The SCRDC keeps all data retained secured in the administration area file cabinets. The Policy and review of the annual report and data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

Provision (e):

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

SCRDC does not contract with outside facilities for confinement of its residents.

Provision (f):

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

The Policy states that upon request, SCRDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of the following reporting year. A review of both the OSCA reports and the annual report for calendar year 2017 annual report revealed it was completed according to this standard.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data collection.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.388 (b)

- 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 ☐ No

115.388 (c)

- 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 ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures

DYS OSCA PREA Data

SCRDC 2015-2017 PREA Annual Report

Interviews:

Superintendent/PCM

PREA Coordinator

Provision (a)(b):

The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas. The agency's annual report shall 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

SCRDC PREA Policy & Procedures requires a review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2017 and 2015 Annual Report indicated compliance with the standard and included all of the required elements. The annual report reflects a comparison of the results of annual data, by calendar year.

Provision (c):

The agency's annual report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

The annual report is approved by the agency head as required by Policy, per interviews with the agency head and superintendent, and a review of the reports, the annual report reflects a comparison of the results of annual data, by calendar year. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.

Provision (d):

The agency shall indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility

The annual report is approved as required by Policy, and the agency has indicated the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data review for corrective action.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (b)

- 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 ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
PREA: Data Collection, Review and Storage
2015 and 2017 Annual Reports

Interviews:

Superintendent/PCM

The SCRDC PREA Policies for the 35th Judicial Circuit Juvenile Detention Center requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The agency meets the requirements of this standard. State of Missouri has a public website that features all federal PREA reports, PREA brochures, and information

regarding PREA. According to the facility Policy, the aggregated sexual abuse data will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor has determined the facility is compliant with this standard regarding data storage, publication, and destruction.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

SCRDC PREA Policy & Procedures
PREA: Data Collection, Review and Storage
2015 and 2017 Annual Reports

Interviews:

Superintendent/PCM
Agency Head

Provision (a):

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. All final reports shall be posted on the agency website.

The agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. This is the second audit of SCRDC. All final reports are posted on the agency website.

Provision (b):

(i) Is this the first year of the current audit cycle? (ii) If this is the second year of the current audit cycle, the agency shall 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? (iii) If this is the third year of the current audit cycle, the agency shall ensure that at least two-

thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, be audited during the first two years of the current audit cycle.

(i) This is not the first audit for the company. The First audit was conducted in 2016. (ii) The Agency has ensured 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. PREA audits for the facility have been conducted as required for the initial three-year period. The facility, in conjunction with the Missouri Department of Youth Services, has embarked on fulfilling the auditing requirements for this second three-year period. The facility has provided the Auditor with the required documentation which have maintained as required by the standards and the auditing process.

Provision (h):

The Auditor shall have access and ability to observe all areas of the audited facility.

During this audit, the Auditor had access to previous audits, and had the ability to observe all areas of the audited facility.

Provision (i):

Was the Auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

The Auditor received copies of any relevant documents (including electronically-stored information) requested. A comprehensive site review was provided to the Auditor during the site visit and additional documentation was reviewed during the site visit. The staff members were cooperative in providing additional documentation as requested. The Superintendent provided appropriate work spaces which included conditions for conducting interviews in private with the residents and staff.

Provision (m):

The Auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

The Auditor was able to conduct private interviews with staff and residents.

Provision (n):

Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. There were no correspondences received during this audit.

Conclusion:

A review of documentation and interviews with the Administrative and the PREA Manager support the finding that this facility is in compliance with this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the Auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Provision (f):

The agency shall publish on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by Auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the Auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.

The agency has published on its agency website and has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior agency audits completed during the past three years starting January 2015 through December 2019. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility.

Conclusion:

The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff, residents, contractors and a volunteer; and observations.

Community Trail BlazersCC2FYIAUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dwight L. Fondren, CCE _____

May 21, 2019 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.