

PREA Facility Audit Report: Final

Name of Facility: Ozarks Regional Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/15/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☒
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☒
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☒
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 04/15/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	lateradavis@djj.state.ga.us
Start Date of On-Site Audit:	03/09/2022
End Date of On-Site Audit:	03/10/2022

FACILITY INFORMATION	
Facility name:	Ozarks Regional Juvenile Detention Center
Facility physical address:	1400 Industrial Park Drive, Mountain Grove, Missouri - 65711
Facility mailing address:	

Primary Contact	
Name:	Fallon Givans
Email Address:	Fallon.Givans@courts.mo.gov
Telephone Number:	417-926-3120

Superintendent/Director/Administrator	
Name:	Fallon Givans
Email Address:	Fallon.Givans
Telephone Number:	417-926-3120

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

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	3
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	(range) 10-18
Facility security levels/resident custody levels:	Secured
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	44th Judicial Circuit of Missouri
Governing authority or parent agency (if applicable):	
Physical Address:	203 East Lincoln Avenue, Ava, Missouri - 65608
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Fallon Givans
Email Address:	Fallon.Givans@courts.mo.gov
Telephone Number:	417-926-3120

Agency-Wide PREA Coordinator Information**Name:** Fallon Givans**Email Address:** fallon.givans@courts.mo.gov**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:

1

- 115.333 - Resident education

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-09
2. End date of the onsite portion of the audit:	2022-03-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Received correspondence from Just Detention International and spoke to the local child advocacy center.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	5
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	20
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed all the residents onsite.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☐ Yes ☒ No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	The facility only had five residents at the time of the onsite audit.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no targeted residents identified by the facility nor identified in current resident file review.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	11
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All staff that were working during the onsite portion of the audit were interviewed.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	28
76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☒ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☒ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility had no volunteers or contractors. An outside of the agency investigator was interviewed.

Site Review

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

84. Did you have access to all areas of the facility?	☒ Yes ☐ No
---	--

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Informally spoke to all residents during site inspection.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero sexual abuse allegations.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
--	---

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

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were zero reported staff on inmate sexual harassment allegations.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No
Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: (Policies, directives, forms, files, records, etc.): 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Organizational Chart Interviews: 1. PREA Coordinator 2. PREA compliance manager Findings (By Provision): 115.311 (a). As reported in the PAQ, the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Ozarks Regional Juvenile Detention District (ORJDD) is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of this policy is to describe how the Prison Rape Elimination Act (PREA) per 28CFR Section 115.5-115.501 shall be implemented within ORJDD. This policy provides the facilities approach to preventing, detecting, and responding to such conduct, within ORJDD" (p. 2). The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. 115.311 (b). As reported in the PAQ, the facility employs an upper level, agency wide PREA coordinator, Fallon Givans, Detention Superintendent. According to the agency organizational chart, the agency PREA Coordinator reports to the Judge. The facility organizational chart provides information on the PREA Coordinator. <u>Documentation Reviewed</u> • Agency Organization Chart <u>Interviews</u> PREA Coordinator- The interviewed PREA Coordinator reported that with the help of Toni (PREA Manager/Asst. Superintendent), and Chanda (Admin Support Asst.) yes, but as of recently it has proven to be difficult for Toni and I to assume ALL the responsibilities required specifically for the Audit, due to low-staffing/COVID needs. Daily requirements in regards to compliance is not an issue. The time put forth into the Questionnaire portion of the Audit was very time-consuming. Regardless, we work together to assure PREA responsibilities are taken care of. The facility has one PREA compliance manager; however they have recently been informed that due to the size of the facility only a PREA Coordinator role is necessary. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. 115.311 (c). According to the PAQ, the facility has a designated PREA compliance manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager is the Director of Detention. The facility provided an organizational chart outlining the setup of the organization.

Documents Reviewed

- Organization Chart

Interviews

PREA Compliance Manager: The interviewed PREA Compliance Manager reported that they feel that they have enough time to manage all of the PREA related responsibilities. It was further reported that the work is done alongside the PREA Coordinator and the Administrative Support staff to assure we are taking care of all of our PREA responsibilities for the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: (Policies, directives, forms, files, records, etc.): 1. Pre-Audit Questionnaire (PAQ) 2. Contracts Interviews: 1. Agency Contract Administrator Findings (By Provision): 115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit. However, after further review, it appears that the facility is the contracted vendor for the Missouri Division of Youth Services. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012 or since the last PREA audit, whichever is later: 0 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 <u>Documents Reviewed</u> DYS Contract A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No Corrective Action is warranted. 115.312 (b). N/A the agency has entered into or renewed contracts for the confinement of residents on or after August 20, 2012 or since the last PREA audit. However, after further review, it appears that the facility is the contracted vendor for the Missouri Division of Youth Services. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: 0 <u>Interviews</u> Agency's Contract Administrator- The interviewed agency contract administrator reported that the agency does not subcontract services. The ORJDD only contracts with DYS, specifically to "hold" DYS youth; ORJDD does not "place" youth outside our facility. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No Corrective Action is warranted. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: (Policies, directives, forms, files, records, etc.): 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Annual Staffing Plans (2019, 2020, 2021) 4. Deviations to Staffing Plan (January-December 2021)-36 5. Staffing Plan Annual Evaluation (2019, 2020, 2021) 6. Unannounced Program Visit (16) 7. Memo: Unannounced Rounds 8. Memo: Direct Care Supervision Interviews: 1. Superintendent (Facility Director) 2. PREA Coordinator 3. PREA compliance manager 4. Intermediate or higher-level staff - 2 Findings (By Provision): 115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 5. Additionally, the average daily number of residents in which the staffing plan was predicted is 5. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ORJDD shall ensure that its residential staffing and monitoring plans comply with requirements established in the PREA standard 115.313 which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented (pp. 3-4) The policy further states that Intermediate-level and higher-level staff will conduct unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. It is prohibited for staff to be alerted of the day and time when those rounds will take place. Unannounced rounds will be conducted quarterly (p. 4). During the onsite audit phase, the auditor observed that residents did not have direct care supervision while in the housing units. The auditor explained to the facility leadership that the requirements under this standard, for 1:8 and 1:16 is direct supervision. Meaning that the staff must be in direct contact, and the camera monitoring (control room) does not replace direct care supervision. The facility immediately adjusted while the auditor was onsite. In addition, the facility director issued a memo to staff stating that: Beginning 3/9/2022 ORJDD will assure that Direct-Care Staff are providing eyes on supervision in all areas of the facility where youth are placed. ORJDD has implemented a plan for re-structuring staff location, should there be youth in both Dayrooms at one time. It should further be noted, that moving forward ORJDD will make every attempt to restructure staff locations while all youth in their cells as well to assure we're providing informed supervision needs. Documentation Reviewed 1. Staffing Plan (2019, 2020, 2021) <u>Interviews</u> Superintendent-The interviewed Superintendent reported that the facility has a staffing plan. The staffing plans are tracked in the scheduling system. We have so many assigned for each shift. We have a staffing plan form, if we don't meet the criteria of the appropriate numbers. We really don't have that happen. We always have 3...and 1:8 and 1:16; however we will always have at least three staff. If we fall below, we will document why. In addition, when it comes to video monitoring, we

will make sure there is adequate number and staff are with the kids. The video is an addition for monitoring for safety. The only place we don't monitor is toilet area and showers.

When assessing adequate staffing levels and the need for video monitoring, it was reported that the below areas are assessed.

- a. Generally accepted detention and correctional practices
- b. Any judicial findings of inadequacy
- c. Any findings of inadequacy from federal investigative agencies
- d. Any findings of inadequacy from internal or external oversight bodies
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated)
- f. The compositions of the resident population
- g. The number and placement of supervisory staff
- h. Institution programs occurring on a particular shift
- i. Any applicable state or local laws, regulations, or standards
- j. The prevalence of substantiated and unsubstantiated incident of sexual abuse; and
- k. Any other relevant factors

It was further reported that the facility always has male and female staff, and that they keep a good balance ratio on each shift. The daily assessment of staffing assignments is ongoing.

PREA Compliance Manager: The interviewed PREA compliance manager reported that when assessing adequate staffing levels and the need for video monitoring the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. There have been no exigent circumstances where ORJDD has fallen below required staffing ratios to document. All components of the facility's physical plant is looked. It was further reported that the facility will use all Supervisory Staff in order to maintain adequate staffing if needed. There are currently 4 Supervisory staff (including Superintendent) that are split amongst all 3 shifts.

The staffing plans follow all laws, regulations, and standards through using 1:8 ratios, and even greater staff to resident ratio. If there is a prevalence of substantiated and unsubstantiated incidents of sexual abuse we will increase staff if needed. We make every attempt to staff at least 3 per shift. In some cases, there are 4 per shift.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.313 (b). According to the PAQ the facility has deviated from the staffing plan. The facility operates a staffing plan that meets the PREA ratio standards. The current staffing ratios for the facility is 1:6 through the waking hours and 1:8 during sleeping hours. The deviations appear to be staff schedule changes however it does not appear to impact staffing to youth ratio numbers. The six most common reasons for deviations include: holidays, vacation/comp time, illness, Covid leave, and Staff Opening/Retention.

Documents Reviewed

1. Deviations to Staffing Plan (36)

Interviews

Superintendent-The interviewed superintendent reported that the following circumstances would/has the facility been unable to meet the requirements of the staffing plan: COVID related issues, taking normal vacation times, we may go under three desired staff but we may go under our minimum of wanting to have three staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.313 (c). According to the PAQ, the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident

waking hours: 0

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Interviews

Superintendent - The interviewed superintendent reported that the facility has court operating rules that are consistent with the PREA standards.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Documentation Reviewed

1. Staffing Plan Annual Evaluation (2019, 2020, 2021)

Interviews

PREA Coordinator- The interviewed PREA Coordinator reported that they are consulted regarding any assessments or adjustments to the staffing plan. It is done via PREA Standards and/or through Supreme Court Operating Rules and Standards. Additionally, our facility is assessed by the Circuit Court Budget Committee (CCBC) for the need of additionally State Detention Aide positions. The CCBC assessment occurs yearly and is based upon need by the circuit our detention center sits. All judiciary employees are notified of updated Supreme Court Operating Rules as they may be amended.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.313 (e). As reported in the PAQ, the facility has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It was further reported that the unannounced rounds covered all shifts. The auditor reviewed 16 unannounced rounds logs that (Unannounced Program Visits) showed the practice in which the facility conducts unannounced rounds. In summary, the form provides information on the following:

- Who conducted the rounds
- Observation of youth, staff, physical plant, blind spots, interactions and boundaries.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Intermediate-level and higher-level staff will conduct unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. It is prohibited for staff to be alerted of the day and time when those rounds will take place. Unannounced rounds will be conducted quarterly" (p. 4).

The facility director provided a memo dated 3/9/2022, stating that ORJDD by policy, completed Unannounced Rounds on a Quarterly basis, however; to assure consistency with supervision, as well as, regular monitoring ORJDD commits to completing Unannounced Rounds on a monthly basis.

Documentation Reviewed

- Unannounced Program Visit (16)
- Memo: Unannounced Rounds

Interviews

Intermediate or Higher-Level Staff-The interviewed intermediate or higher level staff reported that unannounced rounds are conducted at least quarterly but typically periodically. The rounds are conducted by walking in with a paper and logging the information. We will check where the staff and the kids are located, look in the housing and recreation area, along with the showers. The checks are done periodically on all shifts. In addition, we will monitor resident behavior and the dynamics of the facility. We will not tell staff when we are conducting rounds. The facility does not utilize radios so staff will not be able to inform via radio.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in

compliance with the provisions of this standard.

Corrective Action and Conclusion:

During the onsite audit phase, the auditor observed that residents did not have direct care supervision while in the housing units. The auditor explained to the facility leadership that the requirements under this standard, for 1:8 and 1:16 is direct supervision. Meaning that the staff must be in direct contact, and the camera monitoring (control room) does not replace direct care supervision. The facility immediately adjusted while the auditor was onsite. In addition, further changes were made to ensure staff provide direct supervision. The facility has adequate staff meet the staffing ratio requirements. No further action is needed.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents 1. Pre-Audit Questionnaire (PAQ) 2. Manual of Policy and Procedures 3. Exigent Circumstances Log (sample) 4. Limits to Cross-Gender Viewing and Searches Procedure 5. Juvenile Searches Training 6. Limits to Cros Gender Training Log (2021)-20 Interviews: 1. Random sample of staff -11 2. Resident Interview Questionnaire - 5 Findings (By Provision): 115.315 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. In the past 12 months, number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0. Policy: The Manual of Policy and Procedures states that “no cross gender visual searches are allowed” (p. 69). It further states that: Pat Down Search: • Inform the juvenile of the search. • Only staff of the same sex may complete a pat down search of the juvenile, no cross-gender searches are allowed. • Have the juvenile face the wall, place feet apart and put hands against the wall in a spread eagle fashion. • Check the juvenile’s hair, collar, shoulders, arms, sleeves, underarms and back. • Tuck thumb in waistband and slide it all the way around the waist. • Check pockets. • Check outside of legs to ankle and the inside of legs to the groin. • Have the juvenile lift one foot at a time, showing the bottom of the foot. • Have the juvenile turn around and face you. Have female residents pull bra away from the body and shake out their shirts after going around circumference of bra. • Visually check ears, nose, mouth, and under tongue 115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months, the number of cross-gender pat-down searches of residents: 0. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0. Policy: The Manual of Policy and Procedures states that “this search can be a cross gender procedure if the same sex staff is not available or available shortly, but cross gender metal detector searches are not preferred” (p. 125). The Limits to Cross Gender Searches Procedure guide states that the agency shall not conduct cross gender pat down searches unless in exigent circumstances. <u>Interviews</u> Random Sample of Staff- Ten of the 11 interviewed random sample of staff reported that they are trained on conducting cross gender pat down searches, however they have not had to conduct such a search. Approximately half of the staff reported that there is no reason for them to conduct cross gender searches and the other half stated that if they ever had to do such a search there is a form that they would have to document the search. Resident Interview Questionnaire -All of the interviewed random sample of residents reported that opposite gender staff have never performed a pat down search of their bodies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.315 (c). The facility indicated in their response to the PAQ that the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. The Limits to Cross Gender Searches Procedure guide states that the searches will be documented in the logbook.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.315 (d). As indicated in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, along with policies and procedures that advise staff. It was further reported that the facility requires all staff to be announced, no matter the gender. The Limits to Cross Gender Searches Procedure guide further reiterates the above practices.

During the onsite inspection, the auditor observed that the residents are able to dress, shower, and toilet without direct visual by any staff. The cameras in the room do not have a line of site near the toilet area. All residents shower alone, and they are able to close the bathroom door. The general camera has a visual on the bathroom door therefore the control room can see if anyone goes into the restroom.

Interviews

Random Sample of Staff- The interviewed random sample of staff reported that opposite gender staff announce their presence when entering a housing area. It was further reported that all staff make an announcement and that the control room will announce when opening the door for staff. All of the interviewed staff reported that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Resident Interview Questionnaire - The interviewed random sample of residents could not recall opposite gender staff making announcements. It was further reported that staff do not come in the area when they shower or change clothes. All of the interviewed residents stated that they are not naked in full view of any staff.

PREA Audit Site Review: During the onsite review the auditor observed the announcements being made and the set up of the bathrooms and showers. The setup of the showers and bathrooms did not lend opportunity for direct view of residents dressing, showering or using the toilet. There were no observable concerns.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.315 (e.) Per the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were no such searches that occurred in the last 12 months. In addition, there were no transgender or intersex residents housed at the facility during the onsite portion of the audit.

Policy: The Manual of Policy and Procedures states that "staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status" (p. 125). The Limits to Cross Gender Searches Procedure guide also provides guidance prohibiting such practices.

Interviews

Random Sample of Staff -All of the interviewed staff reported that the facility does not hall staff to search or physically examine a transgender or intersex resident for the sole purpose of determine the resident's genital status. One staff reported that would only occur with medical staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.315 (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.

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100.

The facility has a sample log to document exigent circumstances. Although the facility does not conduct cross gender searches, the facility provides training to staff on cross-gender searches and juvenile searches. The training curriculum and the documentation of staff completing training was reviewed.

Documentation Reviewed

- Exigent Circumstances Log (sample)
- Limits to Cross-Gender Viewing and Searches Guidelines
- Juvenile Searches Training
- Limits to Cross Gender Training Log (2021)

Interviews

Random Sample of Staff – All of the interviewed random sample of staff reported that staff are trained to conduct cross-gender pat down searches and searches of transgender and intersex residents. The staff reported that they received the training at initial higher and/or periodically review throughout the year.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Interpreter Contract 4. Youth Safety First Training and Youth Training Record (English and Spanish) 5. PREA Flyer (English and Spanish) 6. Residents with Disabilities and Residents who are Limited English Proficient Training Material 7. Residents with Disabilities Training Log (2020 and 2021) 8. Spanish Reporting Your Concerns 9. Hearing Impaired Deaf Interpreters 10. Office of Administration Statewide Interpretation Services Interviews: 1. Manager 2. Random sample of staff -11 Findings (By Provision): 115.316 (a). As reported in the PAQ, the facility, has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ORJDD shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of ORJDD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment" (p. 4). Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agencies zero tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material. In the event that staff are in need of limited English services, it is expected that they will complete a request form to attain services. In addition, the facility has readily accessible PREA flyers and resident handbook information in Spanish and English. The facility has multiple interpreter services to attain the necessary services for the residents. <u>Documentation Reviewed</u> 1. Interpreter Contract 2. Youth Safety First Training and Youth Training Record (English and Spanish) 3. PREA Flyer (English and Spanish) 4. Residents with Disabilities and Residents Who Are Limited English Proficient Training Material 5. Residents with Disabilities Training Log (2020 and 2021) 6. Spanish Reporting Your Concerns 7. Hearing Impaired Deaf Interpreters 8. Office of Administration Statewide Interpretation Services <u>Interviews</u> Agency Head: The interviewed agency head reported that the agency established procedures to provide residents with disabilities and residents who are limited English proficient 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. ORJDD should take appropriate steps to ensure that youth with disabilities and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of ORJDD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ORJDD shall not rely on youth interpreters, readers or other types of youth assistants, except in limited

circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety.

PREA Audit Site Review: During the onsite portion of the audit, the auditor observed material in English and Spanish, and the intake area had additional resources for interpreters or residents with disabilities.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.316 (b). As reported in the PAQ, the facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ORJDD shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of ORJDD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment" (p. 4).

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agencies zero tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.

Documentation Reviewed

- Residents with Disabilities and Residents Who Are Limited English Proficient Training Material
- Residents with Disabilities Training Log (2020 and 2021)

Interviews

- There were no residents with Disabilities or Limited English Speaking at the facility during the onsite portion of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.316 (c). As reported in the PAQ, the facility prohibits the use of resident interpreters, readers, or other types of resident assistance and there were zero instances where resident interpreters, readers, or other types of resident assistants have been used.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall not rely on youth interpreters, readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety" (p. 4).

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0.

Interviews

Random Sample of Staff – All of the interviewed random sample of staff reported that they would not allow resident to serve as interpreters for each other to report allegations of sexual abuse or sexual harassment. Furthermore, the staff reported that they have never seen an instance of that happening.

There were no identified residents with Disabilities or Limited English Speaking at the facility during the onsite portion of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-audit Questionnaire (PAQ) 2. Policy: <i>Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy</i> 3. Addendum to ORJDD Application (20) 4. New Hire Background Check (14) 5. 5-year Background Check (6) Interviews: 1. HR administrator Findings (By Provision): 115.317 (a). As reported in the PAQ, the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 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, of 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. The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that: ORJDD shall not hire or promote anyone who may have contact with youth, and shall not enlist the services of any contractor who may have contact with youth, who; 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. ORJDD shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth. Before hiring new employees, who may have contact with youth, the division shall complete a criminal background record check and consult with the child abuse registry. The facility shall make its best effort 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. ORJDD shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth "(pp.4-5). The Personnel Files for 20 employees were reviewed. The facility provided an Addendum to the ORJDD Application that asks all of the above required questions. Staff are expected to sign the form affirming that they have a continued "affirmative duty to disclose any of the above mentioned misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination" The employee also signs that they understand the zero tolerance policy toward all forms of sexual abuse and sexual harassment. <u>Documentation Reviewed</u> • Personnel Files (Background Checks)-20

- Addendum to ORJDD Application-20

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.317 (b). As reported in the PAQ, the facility, has a policy that requires the consideration of 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 the residents.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that:

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

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

Before hiring new employees, who may have contact with youth, the division shall complete a criminal background record check and consult with the child abuse registry. The facility shall make its best effort 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.

ORJDD shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth (pp. 4-5).

Interviews

Administrative (Human Resources): The interviewed HR staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact residents. It was further reported that they will not hire or promote anyone who has had any incidents or sexual activity/assault/or abuse.

115.317 (c). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) 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. There were 8 reported new hires.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that:

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

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

Before hiring new employees, who may have contact with youth, the division shall complete a criminal background record check and consult with the child abuse registry. The facility shall make its best effort 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.

ORJDD shall ensure that a criminal background records check has been completed, and consult applicable child abuse

registries, before enlisting the services of any contractor who may have unsupervised contact with youth (pp. 4-5).

New hire (14) and 5 year (6) background checks were reviewed. The facility is in compliance with conducting the background checks. The background checks include local, state, federal, and child abuse register checks.

Documentation Reviewed

Personnel Files (Background Checks) -20

Interviews

Administrative (Human Resources): The interviewed staff responsible for HR reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. It was also reported that background checks are conducted on contractors; however, contractors do not have contact with residents. Before hiring new employees or contractors who may have contact with residents, the facility consults any child abuse registry maintained by the State or locality in which a potential employee/contractor would work. It was further reported that the facility conducts checks on anyone who would have contact with residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.317 (d). The facility indicated in their response to the PAQ that agency policies requires that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that:

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

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

Before hiring new employees, who may have contact with youth, the division shall complete a criminal background record check and consult with the child abuse registry. The facility shall make its best effort 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.

ORJDD shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth (pp. 4-5).

Interviews

Administrative (Human Resources): The interviewed staff responsible for HR reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. It was also reported that background checks are conducted on contractors; however, contractors do not have contact with residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.317 (e). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts

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

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall conduct criminal background records checks every five years on current employees, volunteers/student practicums, and contractors who may have unsupervised contact with youth" (p. 5).

The auditor reviewed 5-year background checks that were completed on 6 employees in the last 12 months.

Documentation Reviewed

5-year background checks (6)

Interviews

Administrative (Human Resources): The interviewed HR staff reported that the system the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents is the State Family Care Safety Registry for state checks and Missouri Highway Patrol (fingerprints) for national data base. We do conduct checks on current employee's every 5 years.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.317 (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.

Documentation Reviewed

Personnel Files (Background Checks)-20

Interviews

Administrative (Human Resources): The interviewed HR staff reported that the facility ask all applicants and employees who may have contact with residents about previous misconduct described in section. We have created an addendum to the application. It was further reported that the facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.317 (g). According the to the PAQ, the agency's policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination. The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination" (p. 5).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.317 (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.

Interviews

Administrative (Human Resources): The interviewed HR staff reported that when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

--	--

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency head 2. Superintendent Findings (By Provision): 115.318 (a). N/A-The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit. When conducting the onsite inspection of the facility; the auditor observed that the facility is older and does not appear to have had any modifications or expansions. <u>Interviews</u> Agency Head – The interviewed agency head reported that when designing, acquiring, or planning substantial modifications to facilities, the agency considers the effects of such changes on its ability to protect residents from sexual abuse by assuring there is sufficient staff supervision with all youth. No youth are left alone with outside agencies that work in modifications, designing, or any other type of facility repair/modifications. Superintendent or Designee – The interviewed Superintendent reported that there has not been any substantial expansions or modifications to the facility since August 20, 2012, or the last PREA audit. 115.318 (b). N/A-The facility reported in the PAQ that they have not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit. However, after further discussion it was determined that the video monitoring system was upgraded several years ago, prior to the current administration. <u>Interviews</u> Agency Head - The interviewed agency head reported that the agency uses new monitoring technology as the most updated monitoring system at ORJDD was installed 3-4 years ago- visual monitoring throughout the entire facility; blind-spots include toilet areas in cell, as well as, in showers. Our monitoring technology only provides visual, no sound. This surveillance provides us with the opportunity to provide 24/7 eyes-on supervision. We also have ability to re-adjust when/if needed. Superintendent or Designee - The interviewed Superintendent reported that the last monitoring system that was put in occurred four years ago by the past leadership. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy Interviews: 1. PREA compliance manager 2. Random Sample of Staff-11 3. Child Advocacy Center Findings (By Provision): 115.321 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age as defined the PREA requirements to appropriate external investigating agencies" (p. 6). <u>Interviews</u> Random Sample of Staff- The interviewed random sample of staff reported that the agency's protocol for obtaining usable physical evidence if an allegation of sexual abuse occurred by: blocking off the scene, ensure the resident did not shower, brush teeth or change clothes, call law enforcement and notify a supervisor. When asked who conducts the investigations it was reported that law enforcement conducts the investigations. In addition several staff reported that they would seek medical help. 115.321(b). As reported by the PAQ the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "When outside agencies investigate sexual abuse and sexual harassment, the ORJDD shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation" (p. 5). <u>Interviews</u> Agency Head - The interviewed agency head reported that the agency uses new monitoring technology as the most updated monitoring system at ORJDD was installed 3-4 years ago- visual monitoring throughout the entire facility; blind-spots include toilet areas in cell, as well as, in showers. Our monitoring technology only provides visual, no sound. This surveillance provides us with the opportunity to provide 24/7 eyes-on supervision. We also have ability to re-adjust when/if needed. Superintendent or Designee - The interviewed Superintendent reported that the video monitoring system was updated before the current leadership; approximately four years ago. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.321 (c). The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that forensic medical examinations are offered without financial cost to the victim. The facility also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner. It was further reported that when SANEs or SAFEs are not available, they do not offer a qualified medical practitioner performs forensic medical examinations. All examinations are conducted at the hospital or the Children's Advocacy Center. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Forensic medical examinations are offered without financial cost to the victim" (p. 5).

Documentation Reviewed

Child Advocacy Center South Central

Interviews

Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site, the forensic interviews and medical examinations on site. Child risk exams. A more detailed examination. We can provide advocacy support. We don't provide onsite mental health but we contract out for that service. We would refer to the mental health provider for ongoing. With the advocates we would also be able to work with the caregiver and provide follow up phone calls. I believe that there is reasonable confidentiality outside of mandated reporting requirements.

A review of the appropriate documentation and review of relevant policies indicate that the facility is compliant with the provisions of this standard.

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts 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 facility does not make available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. ORJDD shall document efforts to secure services from rape crisis centers/child advocacy center" (p. 5).

The facility has an MOU with the Child Advocacy Center. The MOU indicates that the Child Advocacy Center will provide victims of sexual abuse with advocates for support during a forensic medical examination and emotional support services related to their victimization during the investigative process and after the investigation has concluded.

Documentation Reviewed

MOU-Child Advocacy Center

Interviews

PREA Compliance Manager – The interviewed PREA compliance manager reported that the agency or facility attempt to make available a victim advocate from a rape crisis center by contacting the JO/CD Caseworker's/SC the need for a Victim Advocate from a rape crisis center (CAC) and the coordinate the needed service, while we collaborate in getting the victim to the center upon arrangements being made. The Child Advocacy Center (CAC) meets the Victim Advocacy Standards for Accreditation for National Children's Alliance (NCA).

Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site, the forensic interviews and medical examinations on site. Child risk exams. A more detailed examination. We can provide advocacy support. We don't provide onsite mental health but we contract out for that service. We would refer to the mental health provider for ongoing. With the advocates we would also be able to work with the caregiver and provide follow up phone calls. I believe that there is reasonable confidentiality outside of mandated reporting requirements.

Residents who Reported a Sexual Abuse – There were no residents who reported sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The facility has a Non-Direct Care Staff, Volunteer or Contracted Service Provider Agreement with the victim advocate.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall attempt to make available to the victim a victim advocate from a rape crisis center/child advocacy center. ORJDD shall document efforts to secure services from rape crisis centers/child advocacy center. As requested by the victim, the victim's parents/guardian or a victim advocate 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 (p. 5).

Interviews

PREA Compliance Manager – The interviewed PREA compliance manager reported that if requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and

provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The victim's parent/guardian or a Victim Advocate will accompany and provide emotional support. We also have an inside staff member that is not involved with direct care that will act as a Community Support Advocate.

Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site forensic interviews and medical examinations on site. Child risk exams. A more detailed examination. We can provide advocacy support. We don't provide onsite mental health but we contract out for that service. We would refer to the mental health provider for ongoing. With the advocates we would also be able to work with the caregiver and provide follow up phone calls. I believe that there is reasonable confidentiality outside of mandated reporting requirements.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.321 (f). As indicated in the PAQ the facility is not responsible for conducting administrative or criminal investigations; however, the agency has requested that the responsible agency follow the requirements of paragraph 115.321 (a) through (e) of the standards.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment" (p.5).

The facility has an MOU with the police department that states "per our conversation, the Mountain Grove Police Department is entering into an agreement with your agency on any investigation that may arise. Please do not hesitate to call if we can be of any assistance to you".

Documentation Reviewed

MOU-Child Advocacy Center

MOU-Police Department

Interviews

Child Advocacy Center- Child Advocacy Center- The interviewed staff at the child advocacy center reported that if the resident is brought to the site forensic interviews and medical examinations on site. Child risk exams. A more detailed examination. We can provide advocacy support. We don't provide onsite mental health, but we contract out for that service. We would refer to the mental health provider for ongoing. With the advocates we would also be able to work with the caregiver and provide follow up phone calls. I believe that there is reasonable confidentiality outside of mandated reporting requirements.

115.321 (g). The auditor is not required to audit this section.

115.321 (h). The auditor is not required to audit this section.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Website Interviews: 1. Agency head 2. Investigative Staff Findings (By Provision): 115.322 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “ORJDD shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment” (p. 6). In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0 In the past 12 months, the number of allegations resulting in an administrative investigation: 0 In the past 12 months, the number of allegations referred for criminal investigation: 0 <u>Interviews</u> Agency Head – The interviewed agency head reported that ORJDD shall ensure that an administrative or criminal investigation is completed for ALL allegations of sexual abuse or sexual harassment. ALL allegations are referred to the appropriate investigative agencies based upon the victim's age as defined the PREA requirements to appropriate external investigating agencies. It was further reported administrative and criminal investigations are completed completing a Critical Incident Review form. We will consider if changes need to be made in policy and practice. We will consider if the incident or allegations was motivated by race/gender/identity/status or perceived status/gang affiliation OR motivated or otherwise caused by other group dynamics in the facility. We would examine areas in facility for potential changes and assess adequacy of staffing levels in the area. Additionally, we would prepare a Report of Findings, implement recommendations for improvement or for not doing so in the Incident Report. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.322 (b). As reported in the PAQ, the facility has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “ORJDD shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment” (p. 6). The agency website states that “The ORJDC has ZERO TOLERANCE for sexual assault, abuse or harassment by anyone including juveniles, staff personnel, volunteers or contractors. All of the ORJDC staff are mandated reporters and we take reports very seriously”. <u>Documentation Reviewed</u> • Agency Website <u>Interviews</u>

Investigative Staff: The interviewed outside agency investigative staff reported that the agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.322 (c). As reported, the facility is responsible for conducting the administrative but not the criminal investigations. Upon further review the facility does not conduct investigations however the auditor recommended that someone at the facility completes the specialized training to address administrative components of the investigation process.

Documentation Reviewed

- Website

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. ORJDD Policy Manual 4. PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings) 5. PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) 6. PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) 7. Training Log (2020/2021)-20 current and former staff 8. Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material) 9. Zero Tolerance Log (2021) 10. Employee Sexual Harassment: A Commonsense Approach Training Curriculum 11. Employee Sexual Harassment: A Commonsense Approach Training Curriculum Training Log (2021) Interviews: 1. Random sample of staff - 11 Findings (By Provision): 115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters: • The agency's zero-tolerance policy for sexual abuse and sexual harassment • How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; • Residents right to be free from sexual abuse and sexual harassment; • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in resident facilities; • The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with residents; • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and • Relevant laws regarding the applicable age of consent. The PREA Policy provides guidance on staff, volunteer and contractor training requirements. The auditor reviewed the training curriculum along with the training logs covering 2020/2021 showing that staff received the required PREA training. <u>Documentation Reviewed</u> • PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings) • PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) • PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) • Training Log (2020/2021) • Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material) • Zero Tolerance Log (2021) • Employee Sexual Harassment: A Common Sense Approach Training Curriculum • Employee Sexual Harassment: A Common Sense Approach Training Curriculum Training Log (2021)

Interviews

- Random Sample of Staff – The interviewed random sample of staff reported that they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

The staff reported that they received the training as new hires and annually. The staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed. Only one staff member could not recall if they received training related to communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. The PAQ further states that employees who are reassigned from facilities housing the opposite gender are given additional training. The auditor reviewed the training log for 20 current and former employees along with the training curriculum.

Documentation Reviewed

- PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)
- PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)
- PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)
- Training Log (2020/2021)
- Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material)
- Zero Tolerance Log (2021)
- Employee Sexual Harassment: A Common Sense Approach Training Curriculum
- Employee Sexual Harassment: A Common Sense Approach Training Curriculum Training Log (2021)

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.331 (c). The facility reported in the PAQ that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. In addition, the agency trains 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.
- The right of residents to be free from sexual abuse and sexual harassment.
- Right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of juvenile victims of sexual abuse and sexual harassment.
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

Policy: The ORJDD Policy Manual states that “Employees at ORJDD will receive refresher training on PREA procedures and policy every two years” (p. 94). The auditor reviewed the training log for 20 current and former employees along with the training curriculum.

Documentation Reviewed

- PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)
- PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)
- PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)
- Training Log (2020/2021)-20 current and former employees
- Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material)
- Zero Tolerance Log (2021)
- Employee Sexual Harassment: A Common Sense Approach Training Curriculum
- Employee Sexual Harassment: A Common Sense Approach Training Curriculum Training Log (2021)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.331 (d). The PAQ indicated that the facility requires employees who may have contact with residents to document, via signature, that they understand the training they received. The auditor reviewed the training log for 20 current and former employees along with the training curriculum.

Documentation Reviewed

- PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings)
- PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)
- PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures)
- Training Log (2020/2021)-20 current and former employees
- Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material)
- Zero Tolerance Log (2021)
- Employee Sexual Harassment: A Common Sense Approach Training Curriculum
- Employee Sexual Harassment: A Common Sense Approach Training Curriculum Training Log (2021)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement Findings (By Provision): 115.332 (a). According to the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0. The volunteers and contractors would receive the same training as staff. While the facility does not have any volunteers or contractors in the event that they do have any the volunteers or contractors would complete the Non -Direct Care Staff, Volunteer and Contracted Service Provider agreement. This agreement acknowledges the zero tolerance policies along with the affirmative duty to report prior history of sexual abuse, convictions, and administrative adjudications. <u>Documentation Reviewed</u> • Non-Direct Care Staff, Volunteer and Contracted Service Provider Agreement • PREA Resource Center (Committing to Safety and Respect for LGBTI Youth and Adults in Correctional Settings) • PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) • PREA Resource Center Training (Know how to fulfill your responsibilities under ORJDD sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures) • Zero Tolerance of Sexual Abuse and Sexual Harassment (Training Material) • Employee Sexual Harassment: A Common Sense Approach Training Curriculum 115.332 (b). The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was reported in the PAQ that there were zero volunteers and contractors who have contact with residents, who have been trained on the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. While the facility does not have any volunteers or contractors in the event that they do have any the volunteers or contractors would complete the Non -Direct Care Staff, Volunteer and Contracted Service Provider agreement. This agreement acknowledges the zero tolerance policies along with the affirmative duty to report prior history of sexual abuse, convictions, and administrative adjudications. <u>Documentation Reviewed</u> Non -Direct Care Staff, Volunteer and Contracted Service Provider agreement (blank form) 115.332 (c). As reported in the PAQ, the facility maintains documentation confirming that volunteers/contractors understand the training they have received. However, at this time the facility does not have any contracted staff or volunteers. While the facility does not have any volunteers or contractors in the event that they do have any the volunteers or contractors would complete the Non -Direct Care Staff, Volunteer and Contracted Service Provider agreement. This agreement acknowledges the zero tolerance policies along with the affirmative duty to report prior history of sexual abuse, convictions, and administrative adjudications. <u>Documentation Reviewed</u>

- Non -Direct Care Staff, Volunteer and Contracted Service Provider agreement (blank form)

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. What You Should Know About Sexual Assault/Abuse brochure 4. What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment) 5. Posters (Break the Chains of Silence); Grievance Process, No Means No, 5 Rules and ORJDC, How to Report Interviews: 1. Intake staff - 3 2. Resident Interview Questionnaire - 5 On-site observation 1. PREA Posters Findings (By Provision): 115.333 (a). As reported in the PAQ, residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion. The number of residents admitted in past 12 months who were given this information at intake: 204. The Resident Handbook informs the residents about their right to be free from sexual abuse and sexual harassment. In addition, the residents receive a brochure title What you Should Know Abuse Sexual Assault/Abuse. The auditor reviewed 25 signed acknowledgement statements where the residents received PREA education (What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25). <u>Documentation Reviewed</u> • What you Should Know Abuse Sexual Assault/Abuse Brochure • What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25) <u>Interviews</u> Intake Staff – The interviewed intake staff reported that residents are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The information is provided to the residents via the Safety First manual, PREA manual, youth handbook, and information boards in the dayroom. Information is process with residents during the intake process and upon placement into their rooms. We ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment, by going over the material at intake which occurs within 24 hours. Resident Interview Questionnaire - All of the interviewed residents reported that when they first came to the facility, they received information about the facility's rules against sexual abuse and harassment. The information was typically received on the first day. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.333 (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. As

reported in the PAQ, 204 residents that were admitted in the facility during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents.

The auditor observed the files of 25 residents (current and past). It was determined that the residents typically receive the PREA education on the same day of intake.

Documentation Reviewed

1. What you Should Know Abuse Sexual Assault/Abuse Brochure
2. What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25)

Interviews

Intake Staff – The interviewed intake staff reported that agencies ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents by going over the "What You Need to Know" PREA information at intake and display of information on the boards in the dayroom.

Residents are given information upon arrival and given all information within 24 hours.

Resident Interview Questionnaire – All of the interviewed residents reported that on the same day that they arrived at the facility they were told about their right to not be sexually abused, how to report sexual abuse or sexual harassment, and that they would not be punished for reporting sexual abuse or sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program. The program exceeded the requirements of this standard.

115.333 (c). Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the facility. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation. The current policy did not have time frames written into the policy; however, during the post audit phase the facility updated the policy. The policy now states that:

During the Intake Process, residents shall receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and further, how to report incidents or suspicions of sexual abuse or sexual harassment.

Within ten (10) days of intake, ORJDD shall provide comprehensive age-appropriate education to residents in person regarding their rights to be free from sexual abuse and sexual harassment, and to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents (and regarding agency policies/procedures for responding to such incidents).

In addition to providing such education, ORJDD shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written documents (pp. 6-7).

The auditor observed the files of 25 residents (current and past). It was determined that the residents typically receive the PREA education on the same day of intake.

Documentation Reviewed

- What you Should Know Abuse Sexual Assault/Abuse Brochure
- What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25)

Interviews

Intake Staff - The intake staff reported that they ensure current residents, as well as those transferred from other facilities have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment that during intake they provide the information to the residents and will go over the documentation with the residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program. The program exceeded the requirements of this standard.

Upon review of resident records, it was found that residents consistently received PREA education within the same day of arrival the program. The program exceeded the requirements of this standard.

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that, "ORJDD shall take appropriate steps to ensure that youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and those with limited English proficiency, have an equal opportunity to participate in or benefit from all aspects of ORJDD's efforts to prevent, detect, and respond to sexual abuse and sexual harassment" (p. 4).

During the onsite inspection, the auditor observed that the facility had information available in English and Spanish.

Documentation Reviewed

- What you Should Know Abuse Sexual Assault/Abuse Brochure
- What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25)

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions. The auditor reviewed 25 signed acknowledgement statements where the residents received PREA education (What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25). It was further determined that the residents typically receive and sign acknowledgement on the same day of arrival to the facility.

Documentation Reviewed

- What you Should Know Abuse Sexual Assault/Abuse Brochure
- What You Need to Know (A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment)-signed receipt (25)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.333 (f). The facility reported in the PAQ that the agency will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the onsite inspection the auditor observed posters and brochures throughout the facility. In the intake area, the PREA education is readily accessible in English and Spanish.

Documentation Reviewed

- What you Should Know Abuse Sexual Assault/Abuse Brochure
- Posters (Break the Chains of Silence); Grievance Process, No Means No, 5 Rules and ORJDC, How to Report

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action:

While the facility had a practice of completing resident education on the same day of intake; however, the facility policy did not have language related to 115.333 (c) and timeframes to complete the resident training. The policy was corrected during the post audit phase and there was no further action needed. The Standard is in compliance.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Documents:

1. Pre-Audit Questionnaire (PAQ)

Interviews

1. Investigative Staff

Findings (By Provision):

115.334 (a). As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations.

Interviews

Investigative staff: The outside agency investigator was interviewed. It was reported that they do not receive training specific to conducting sexual abuse and sexual harassment in confinement settings; however, they receive other sexual abuse investigation trainings. OHI investigators have to have a minimum of 20 hours of 210 training per year. We receive trainings specific to child abuse and sexual abuse several times per year and they are sent out to investigators to attend if they haven't had the specific training yet. Also, they attend Stat Team trainings for sexual abuse when they are offered, and investigators are able to attend. We send investigators to Child First Trainings yearly where they are trained on investigating sexual abuse. Our Training Unit is in the process of developing a means for our investigators to receive credit for the PREA Training, but we do not have that ability yet. Once we are able to get credit the investigators will attend the Specialized

Training for investigating sexual abuse in confinement settings.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.334 (b). N/A-As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations.

Interviews

Investigative staff: The outside agency investigator was interviewed. It was reported that they are trained on:

1. Interviewing juvenile perpetrators in the past.
2. OHI does not Mirandize the alleged perpetrators and that is done by law enforcement. We co-investigate with law enforcement.
3. Evidence collection is covered in most STAT Team Trainings and in the Child First Trainings.
4. The criteria to substantiate would also be covered in the STAT Team Trainings and Child First Trainings. Children's Division legal aspects training is a mandatory training for investigators and also covers criteria to substantiate.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.334 (c). N/A-As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations.

115.334 (d). N/A

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) Findings (By Provision): 115.335 (a). N/A the agency does not have any medical and mental health practitioners who work regularly in its facility. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0. 115.335 (b). Agency medical staff at this facility do not conduct forensic medical exams. 115.335 (c). N/A the agency does not have any medical and mental health practitioners who work regularly in its facility. 115.335 (d). N/A the agency does not have any medical and mental health practitioners who work regularly in its facility. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Ozarks Regional Juvenile Detention District Manual of Policies and Procedures 4. SAVAAC Sexual Assault Victim/Assailant Checklist (25) 5. SAVAAC Re-Assessment Form 6. Intake Sheet (25) 7. MAYSI (25) 8. Medical/Mental Health Screening form (25) Interviews: 1. Staff responsible for Risk Screening - 3 2. Resident Interview Questionnaire - 5 3. PREA coordinator 4. PREA compliance manager Findings (By Provision): 115.341 (a). As reported in the PAQ, the agency has a process in place to screen and support the residents in care. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement. The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 143. The facility utilizes an intake process that includes the completion of an intake sheet, Sexual Assault Victim/Assailant Checklist (SAVAAC), MAYSI and Medical/Mental Health Screening form. All of the forms guide the staff and inform them of victim and predatory tendencies. The auditor reviewed 20 former and 5 current residents. In addition, the facility reported that resident's risk level be reassessed periodically throughout their confinement. The reassessment will be completed using the SAVAAC Re-Assessment Form. The superintendent reported that they have not had any residents housed at the facility for more than 30 days to initiate the completion of a reassessment. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that, "Obtaining information from youth. • Upon detainment ORJDD shall obtain information for use in reducing the risk of sexual abuse by or upon a youth. • Upon a youth's entry into the program, intake procedures shall be followed. • Information received during assessment shall be disseminated in accordance with requirements (p. 6). The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that Screening for Risk of Sexual Victimization and Abusiveness Obtaining Information from Youth: Obtaining information from youth: • Upon admission ORJDD staff shall obtain information using the Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (SAVAC) in screening for risk of sexual abuse and or victimization by or upon a youth. This screening shall be done within 72 hours of their intake. • A resident's risk level shall be reviewed periodically throughout their confinement. • Upon a youth's admission to ORJDD, intake procedures set forth in ORJDD Policy 11 intake procedures shall be followed (p. 94).

Documentation Reviewed

- SAVAAC Sexual Assault Victim/Assailant Checklist (25)
- SAVAAC Re-Assessment Form
- Intake Sheet (25)
- MAYSI (25)
- Medical/Mental Health Screening form (25)

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that residents are screened upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. The screening is doing using the medical/mental assessment, MAYSI, and SAVAC. The screening of residents is conducted within 72 hours of their intake. The information is ascertained through conversations during Intake process or from documents listed above (Medical/Mental Health assessment/MAYSI/SAVAC). When youth tells us something has happened we Hotline. We try to get information from them before we Hotline. Residents risk levels are reassessed if youth is here a long time, every 30 days. Most kids are here short-term, so we monitor periodically through stay.

Resident Interview Questionnaire – Three of the five interviewed residents reported that when they first came to the facility, they were asked questions like whether they have been sexually abused, whether they identify as being gay, bisexual, or transgender, whether they have a disability, or whether they may be in danger of sexual abuse. It should be noted that the current residents had all been at the facility less than 30 days. Two residents could not recall what was discussed when they first arrived at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument called the SAVAAC Sexual Assault Victim/Assailant Form. The form has specific instructions for scoring for victim and predatory factors.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that Screening for Risk of Sexual Victimization and Abusiveness Obtaining Information from Youth:

Obtaining information from youth:

- Upon admission ORJDD staff shall obtain information using the Missouri Secure Detention Sexual Assault Victim/Assailant Checklist (SAVAC) in screening for risk of sexual abuse and or victimization by or upon a youth. This screening shall be done within 72 hours of their intake.
- A resident's risk level shall be reviewed periodically throughout their confinement.
- Upon a youth's admission to ORJDD, intake procedures set forth in ORJDD Policy 11 intake procedures shall be followed (p. 94).

Documentation Reviewed

- SAVAAC Sexual Assault Victim/Assailant Checklist (25)

A review of the appropriate documentation and relevant policies indicates that the facility is in compliance with the provisions of this standard.

115.341 (c). The interviewed staff responsible for risks screenings, reported that the tool looks at history of abuse, sexual orientation, gender, and perception of vulnerability. The auditor reviewed the SAVAAC Sexual Assault Victim/Assailant Checklist. The checklist asks a variety of questions such as:

Potential Victim Factors

- Developmental disability or mental illness
- First secure confinement of any kind
- Juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non conforming
- History as victim sexual abuse
- History of facility consensual sex
- History of protective custody
- Reported concern over ability to defend oneself

Potential Predatory Factors

Pending sexual assault allegation or prior sexual assault referral

- History of institutional predatory behavior
- History as preparator of sexual abuse
- History as perpetrator of physical abuse
- Gang affiliation

Documentation Reviewed

- SAVAAC Sexual Assault Victim/Assailant Checklist (25)

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for the initial risk screening reported that the initial risk screening will look at Gender, age, sex, physical stature, pending charges prior to residential care, mental and physical health disabilities, emotional and intellectual disabilities. History of juvenile sexual abuse (victim/predator).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.341 (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.

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening, reported that they attain the information through conversation and review records. It was further reported that conversations during Intake process or from documents listed above (Medical/Mental Health assessment/MAYSI/SAVAC). When youth tells us something has happened we Hotline. We try to get information from them before we Hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.341 (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.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that aLL Direct-Care Staff at ORJDD have access to Risk Assessments as they're working directly with the youth in care. ALL staff are required to maintain confidentiality; this requirement is a part of the hiring process.

PREA Compliance Manager - The interviewed PREA compliance manager reported that ALL Detention Aides, Supervisors and Superintendent have access to the residents risk assessment and are required to sign a form to keep all info on youth confidential.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening, reported that all staff have access however they are required to sign confidentiality forms.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Ozarks Regional Juvenile Detention District Manual of Policies and Procedures 4. Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary 5. SAVAAC Instructions Interviews: 1. PREA compliance manager 2. PREA coordinator 3. Staff responsible for Risk Screening - 3 4. Manager 5. Randomly selected staff - 11 Onsite Tour • Review of housing units Findings (By Provision): 115.342 (a). As stated in the PAQ, the facility, uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse. The facility staff are trained (Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary) on the utilization of the form. The instructions inform staff that the form is used to predict victim or aggressor tendencies, how to score the sheet, when to complete the initial assessment and reassessments, along with the purpose of informing housing decisions. Staff are also provided instructions on how to complete the SAVAAC form. <u>Documentation Reviewed</u> • Use of Screening Information: Preventing Sexual Assault Prevention Plan Summary • SAVAAC Instructions <u>Interviews</u> PREA Compliance Manager – The interviewed PREA compliance manager reported that the agency or facility use information from risk screening during intake (per 115.341) to keep residents safe and free from sexual abuse by making placement decisions (room and rotation) with the goal of keeping ALL youth safe and free from sexual abuse. Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment that the facility places sexual abuse victims and sexual abuse predators completely separate and make sure they do not rotate together. 115.342 (b). As stated in the PAQ, the facility, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply" (p. 7).

The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0

The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0

The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Interviews

Superintendent or Designee - The interviewed Superintendent reported that all the residents have single occupancy, and the facility does not utilize isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.342 (c). As reported in the PAQ, the facility prohibits placing lesbian, gay, bisexual, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification status. The PAQ further reiterates that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "the facility prohibits lesbian, gay, bisexual, transgender, or intersex resident to be placed in particular housing, bed space, or other assignments solely on the basis of such identification or status" (p. 95).

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. ALL youth are placed in same type of room/cell. They're individual rooms so there is immediate separation for all.

PREA Compliance Manager - The interviewed PREA compliance manager reported that all youth are housed in individual cells/rooms, regardless of gender identity.

Transgender/Intersex Residents – There were no transgender/intersex residents housed at the facility at the time of the onsite portion of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.342 (d). As reported in the PAQ, the facility makes housing and facility assignments for transgender or intersex residents in a facility on a case-by-case basis.

Interviews

PREA Compliance Manager - The interviewed PREA compliance manager reported that all youth are housed in individual cells/rooms, regardless of gender identity.

Transgender/Intersex Residents – There were no transgender/intersex residents housed at the facility at the time of the onsite portion of the audit.

115.342 (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.

Documentation Reviewed

Documentation of reassessment of programming assignments for each transgender or intersex resident for compliance with the standard.

Interviews

PREA Compliance Manager - The interviewed PREA compliance manager reported that the agency considers whether the placement will ensure the resident's health and safety. ORJDD always places youth with safety and security for ALL in mind. We follow PREA Standards along with Supreme Court Rule and Standards for Operation of Juvenile Detention Facilities in Missouri.

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that transgender or intersex residents' views of their safety given serious consideration in placement and programming assignments. During their

Intake procedures and their stay in our facility we communicate with them our goal to keep them safe. What they say matters. We will take serious consideration in all things while they are here with us.

115.342 (f). A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Interviews

PREA Compliance Manager- The interviewed PREA compliance manager reported that the agency consider whether the placement would present management or security problems. All of our decisions are based on safety and security. Our goal is keeping ALL youth safe and free from sexual abuse.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that all residents shower alone.

Transgender/Intersex Residents – There were no transgender/intersex residents housed at the facility at the time of the onsite portion of the audit.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Interviews

PREA Compliance Manager - The interviewed PREA compliance manager reported that the placement and programming assignments for each transgender or intersex resident are reassessed to review any threats to safety experienced by the resident on a daily basis. We monitor daily and watch youth interactions with each other and will review accordingly.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, do you offer a follow-up meeting with a medical and/or medical health practitioner. They sign a form that they have been informed that they can request medical or mental health services during Intake. If they make a request, we plan for the service. This is done on the Medical and Mental Health Screening Form.

The meetings are offered whenever the youth informs us and when we are able to get an appointment within 14 days. We make Hotlines to the Child Abuse Hotline within 24hr if a resident share they have been abused.

Transgender/Intersex Residents – There were no transgender/intersex residents housed at the facility at the time of the onsite portion of the audit.

115.342 (h). If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. The PAQ, indicated that there were zero residents at risk of sexual victimization who were held in isolation in the past 12 months.

115.342 (i). As reported in a PAQ, if a resident at risk of sexual victimization is held in isolation, the facility does not afford each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. The facility does not utilize isolation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Ozarks Regional Juvenile Detention District Manual of Policies and Procedures 4. Juvenile Detention Manual 5. PREA Posters (Spanish/English) 6. Grievance Form 7. PREA Intake: A guide to preventing and reporting sexual abuse and sexual harassment 8. ORJDD Mission Statement 9. PREA Flyer 10. PREA Training Manual Interviews: 1. Random sample of staff - 11 2. Resident Interview Questionnaire - 5 3. PREA compliance manager Findings (By Provision): 115.351 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • 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. The Juvenile Detention Manual, PREA Education and PREA posters provides guidance to the residents on the multiple ways to make a report. Onsite the auditor observed that posters were placed throughout the facility along. In addition, there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance. The facility mission states: The overall goal of the facility is to enhance the rehabilitation process of the juvenile offenders placed at this facility by establishing a consistent, structured, and positive environment thereby allowing the juvenile to benefit to a greater degree from ensuing treatment or other professional intervention. Ozarks Regional Juvenile Detention District has Zero Tolerance for sexual abuse, assault, and sexual harassment. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall provide multiple internal ways for youth to privately report sexual abuse and sexual harassment, retaliation by other youth or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents. ORJDD employee are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the PREA Compliance Manager" (p. 7). <u>Documentation Reviewed</u> • Juvenile Detention Manual • PREA Posters (Spanish/English) • Grievance Form • PREA Intake: A guide to preventing and reporting sexual abuse and sexual harassment • ORJDD Mission Statement • PREA Flyer <u>Interviews</u> Random Sample of Staff – The interviewed random sample of staff reported that residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff

neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment via a grievance, tell staff or a supervisor, call the hotline or write a letter.

Resident Interview Questionnaire – The interviewed residents reported that they would report sexual abuse by completing a grievance form, tell staff, or call the hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.351 (b). As reported in the PAQ, the facility provides more than one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The PAQ further states that the agency has a policy requiring residents detained solely for civil immigration purposes to be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that:

ORJDD shall provide youth in detainment 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. ORJDD shall allow reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.

ORJDD shall inform youth, prior to giving them access, of the extent to which such communications will be monitored and reported in accordance with mandatory reporting laws.

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

ORJDD shall provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians (pp. 7).

The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that “residents detained solely for civil immigration purposes must be provided information on how to contact relevant consulate officials and relevant officials of the Department of Homeland Security” (p. 97).

As previously stated, the Juvenile Detention Manual, PREA Education and PREA posters provides guidance to the residents on the multiple ways to make a report. Onsite the auditor observed that posters were placed throughout the facility along. In addition, there were grievance boxes located in the housing area. Near the grievance boxes there was readily accessible forms for the residents or staff to complete a grievance.

Documentation Reviewed

- Juvenile Detention Manual
- PREA Posters (Spanish/English)
- Grievance Form
- PREA Intake: A guide to preventing and reporting sexual abuse and sexual harassment
- PREA Flyer

Interviews

PREA Compliance Manager – The interviewed PREA compliance manager reported that the facility provides 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. As mentioned above, the resident can be provided a self-sealed envelope to be mailed for confidentiality purposes. Additionally, we have posters with the Sexual Abuse Hotline that provides contact numbers; our phone is readily accessible should they make a request. All residents are also afforded the opportunity to process with their parents, JO's, DYS SC's, and/or Therapists. It was further reported that procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials, which allow the resident to remain anonymous upon request. If the youth confides in staff, the staff is required as a Mandated Reporter to make a Hotline that can be referred to OHI. Staff are required to report the victim's name to Hotline representative. If the victim asks for Therapist, we have to set up appointment with their name.

Resident Interview Questionnaire- The interviewed residents reported that they could make a report to someone who does not work at the facility. The identified people they could report to include: parents, hotline, a doctor, and probation staff. When asked, do you know if you are allowed to make a report without having to give your name, the residents all reported yes.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Additionally, staff are required to document verbal reports. The Juvenile Detention Manual, PREA Education and PREA posters provides guidance to the residents on the multiple ways to make a report.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD employee are required to accept all reports of this nature to include those made verbally, in writing, anonymously, and from third parties. Verbal reports shall be documented. The documentation of verbal reports shall be maintained by the PREA Compliance Manager" (p. 7). In addition, the policy states that "ORJDD shall require all employees to respond and report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation" (p. 8).

Documentation Reviewed

- Juvenile Detention Manual
- PREA Posters (Spanish/English)
- Grievance Form
- PREA Intake: A guide to preventing and reporting sexual abuse and sexual harassment
- PREA Flyer

Interviews

Random Sample of Staff – The interviewed random sample of staff reported that when a resident alleges sexual harassment, they can do so verbally, in writing, anonymously and through third parties. The allegation would be documented immediately.

Resident Interview Questionnaire – The interviewed residents reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. They could have their parents, guardian, or family make the report for them so they do not have to give their name.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.351 (d). As reported in the PAQ, the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Documentation Reviewed

- Grievance Form

Interviews

PREA Compliance Manager – The interviewed PREA compliance manager reported that the facility provides the residents with Grievance Forms to write on, envelopes to that can be self-sealed for mailing if that is preferred method. We also provide a Grievance Box in Dayroom A (all residents have access throughout the day) for residents to place said Grievance in; Only the Superintendent and Asst. Superintendent have access via key to secure box.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these processes through various methods such as, training, PREA posters and policy. The training informs staff that can inform staff, notify detention superintendent, or privately send a sealed letter to the Superintendent.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Staff may email the Superintendent or PREA Coordinator Staff may submit a report in a sealed envelope if preferable" (p. 95).

Documentation Reviewed

- PREA Training Manual

Interviews

Random Sample of Staff – The interviewed random sample of staff reported that staff can privately report that they can call the hotline, notify supervisors, notify a compliance manager, or notify human resources.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Ozarks Regional Juvenile Detention District Manual of Policies and Procedures 3. Grievance Form (Blank) Findings (By Provision): 115.352 (a). As reported in the PAQ, the agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard. Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures, has a procedure in place to manage and respond to grievances. More specifically the policy states that: Exhaustion of Administrative Remedies: ORJDD shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. ORJDD 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. ORJDD shall ensure 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 such grievance is not refereed to a staff member who is the subject of the complaint. ORJDD shall issue a final 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 times period shall not include time consumed by residents in preparing any administrative appeal. 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. 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. Third parties, including fellow resident, staff members, family members, attorneys, and outside advocates, shall be permitted to assist resident 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. 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. 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. ORJDD shall allow for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, ORJDD shall immediately forward the grievance to a level of review at which immediate Corrective Action be taken. ORJDD shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the facility's determination whether the resident is in substantial risk of imminent

sexual abuse and the action taken in response to the emergency grievance.

ORJDD may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith (pp. 96-97).

Onsite the auditor observed there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance. The facility Superintendent reported that they have not had any grievances filed.

Documentation Reviewed

- Grievance Form

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.352 (b). As reported in the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD 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" (p. 96).

Onsite the auditor observed there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance.

Documentation Reviewed

- Grievance Form (blank)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Policy: Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall ensure 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 such grievance is not referred to a staff member who is the subject of the complaint" (p. 96).

Onsite the auditor observed there were grievances boxes located in the housing area. Near the grievance boxes there was ready accessible forms for the residents or staff to complete a grievance. The locked grievance box would be reviewed by the Superintendent or the Associate Superintendent. The resident handbook informs the resident that if they have a problem with a particular staff they can wait to complete the grievance form, place it in a sealed envelope and give it directly to the superintendent.

Documentation Reviewed

- Resident handbook (Juvenile Detention Manual)
- Grievance Form (blank)

115.352 (d). As reported in the PAQ, the agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0.

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0.

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

Policy: Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall issue a final 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 times period shall not include time consumed by residents in preparing any administrative appeal. 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" (pp. 95-96).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.352 (e). The facility reported in the PAQ that the agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

Policy: Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "Third parties, including fellow resident, staff members, family members, attorneys, and outside advocates, shall be permitted to assist resident 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" (p. 96).

Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "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" (p. 96).

The policy also states that "If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. 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" (p. 96).

The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

115.352 (f). The agency reported in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall allow for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, ORJDD shall immediately forward the grievance to a level of review at which immediate Corrective Action and/or Conclusion may be taken. ORJDD shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the facility's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance" (p. 96).

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0

The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

115.352 (g). As reported in the PAQ the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith" (p. 96).

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District Manual of Policies and Procedures 3. PREA Flyer 4. ORJDD Mission Statement 5. PREA Poster (English/Spanish) 6. Crisis Hotlines: Common Hotline Phone Numbers 7. Resident Handbook (Juvenile Detention Manual) 8. PREA Intake: A guide to preventing and reporting sexual abuse and sexual harassment 9. Immigration Services 10. Homeland Security Number 11. MOA-Child Advocacy Center Interviews: 1. Resident Interview Questionnaire - 5 2. Manager 3. PREA compliance manager 4. Child Advocacy Center Findings (By Provision): 115.353 (a). As reported in the PAQ, the facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. It further reports that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The resident handbook has specific information for the residents to contact an outside advocate. Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall provide youth in detention 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, of local, state, or national victim advocacy or rape crisis organizations. ORJDD shall allow communication between youth and these organizations and agencies, in as confidential a manner as possible" (p. 97). The resident handbook provides the resident with information on how to mail or call the Child Advocacy Center. Onsite the auditor observed that the facility had the following information located in intake and the resident housing area: PREA flyers, PREA posters, Crisis Hotline Posters, Immigration Services and information for Homeland Security Number. <u>Documentation Reviewed</u> • PREA Flyer • ORJDD Mission Statement • PREA Poster (English/Spanish) • Crisis Hotlines: Common Hotline Phone Numbers • Resident Handbook (Juvenile Detention Manual) • PREA Intake: A guide to preventing and reporting sexual abuse and sexual harassment • Immigration Services • Homeland Security Number <u>Interviews</u> PREA Compliance Manager - The interviewed PREA compliance manager reported that the facility provides the residents with Grievance Forms to write on, envelopes to that can be self-sealed for mailing if that is preferred method. We also provide a Grievance Box in Dayroom A (all residents have access throughout the day) for residents to place said Grievance in; Only the Superintendent and Asst. Superintendent have access via key to secure box.

Resident Interview Questionnaire-Two of the five interviewed residents reported that they were aware of services that are available outside of the facility that deal with sexual abuse if needed. Some of the services mentioned were child advocacy and victim counseling. Both residents stated that the facility did not give them mailing addresses or telephone numbers for the outside services. Both residents also reported that they have not had a need to talk to the outside services while at the facility. Both residents believed that if they needed to talk to outside services the conversation would remain private.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate the facility is in compliance with the provisions of this standard.

115.353 (b). As reported in the PAQ the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It was also reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Such information can be found in the resident handbook.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall inform youth, prior to giving them access, of the extent to which such communications will be monitored; incoming/outgoing mail will be visually checked for contraband, but not read. Visitation will be visually observed, and private telephone calls may be taken in their cell but will be visually observed" (p. 97).

Documentation Reviewed

Resident Handbook (Juvenile Detention Manual)

Interviews

Resident Interview Questionnaire- Two of the interviewed residents reported being aware of outside services. One resident reported that he conversation could remain private unless it was mandatory reporting requirements, the other resident was unaware.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.353 (c). As reported in the PAQ, the agency or facility maintains memoranda of understanding or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The auditor reviewed the MOA with the Child Advocacy Center. The MOA provides guidance that the child advocacy center will provide victims of sexual abuse crisis intervention, emotional support and referral for additional services if necessary.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall maintain or attempt to enter into a memorandum of understanding or other agreements with community service providers that are able to provide youth with confidential, and emotional support services related to sexual abuse. The PREA Compliance Manager shall maintain copies of agreements or documentation showing attempts to enter into such agreements" (p. 97).

Documentation Reviewed

- MOA-Child Advocacy Center

Interviews

Child Advocacy Center: The auditor spoke with the staff of the child advocacy center. The interviewed staff reported that they would provide the above-mentioned supportive services along with forensic interview and medical services. If needed they could make a child advocate available via telephone to the resident.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.353 (d). As reported in the PAQ, the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, and parents or legal guardians. Such information can be found in the resident handbook.

Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall provide youth with confidential access to their attorneys or other legal representation and reasonable access to parent or legal guardians in accordance with ORJDD Policy 10.1-10.3 communication: mail, visitation, and telephone" (p. 97).

Documentation Reviewed

- Resident Handbook (Juvenile Detention Manual)

Interviews

Superintendent or Designee - The interviewed Superintendent stated that the residents can contact their attorney's whenever they want to. They can have private calls in their cell. We can only visually see in their cell; there is no audio monitoring. The residents have approved visits and calls with their parents, three per week.

PREA Compliance Manager – The interviewed PREA compliance manager reported that Youth at ORJDD can call their Attorney at any reasonable time and they go to their room to assure the call is confidential and private. They are only limited access to their Attorney if the Attorney specifically tells us so. It was further reported that caseworkers/JO's/SC's communicate with us with whom youth can have contact with at the time of Intake; their approved Contact List can be amended through their stay, but that is initiated by the Casework/JO/SC. ORJDD provides specific "Call Days" (Sat/Tues/Thurs) and "Visit Days" (Mon/Wed/Sun). The only reason youth would not have access to their parent/guardian would be because we were advised of "No Contact Allowed" by their Caseworker/JO/SC.

Resident Interview Questionnaire – The interviewed residents stated that the facility allows them to talk with their lawyer or another lawyer privately. They are allowed to take the phone into their room to have a private call. It was further reported that they can talk to individuals on their approved call list in private as well.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Crisis Hotlines: Common Hotline Phone Numbers 2. DFS Hotline Website 3. Parent Pamphlet 4. PREA Flyer Findings (By Provision): 115.354 (a). As reported in the PAQ, the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. During the onsite portion of the audit the auditor observed the flyers for the crisis hotlines, DFS hotline, parent pamphlet and PREA poster in the waiting area and on the resident living units. <u>Documentation Reviewed</u> • Crisis Hotlines: Common Hotline Phone Numbers • DFS Hotline Website • Parent Pamphlet • PREA Flyer A review of the appropriate documentation and relevant policies indicate that the facility is in compliance with the provisions of this standard. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Staff PREA Refresher Training-8 4. State of Missouri Mandatory Reporting Laws Interviews: 1. Random sample of staff -11 2. Superintendent (Facility Director) 3. PREA compliance manager Findings (By Provision): 115.361 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. It was further reported in the PAQ that the agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. Policy: Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "ORJDD shall require all employees to respond and report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any residential/detention facility; retaliation against youth or employee who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation" (p. 8). In addition, the auditor reviewed the Missouri Mandatory Reporting laws. <u>Interviews</u> Random Sample of Staff – The interviewed random sample of staff states that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident; and the agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws. The auditor reviewed the State of Missouri Mandatory Reporting Laws. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall require all employees and external service providers to comply with Section 210.115 RSMo mandatory child abuse reporting laws" (p. 8). <u>Documents Reviewed</u> • State of Missouri Mandatory Reporting Laws <u>Interviews</u> Random Sample of Staff – The interviewed random sample of staff reported that they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

The staff reported that they received the training as new hires and annually. The staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed. Only one staff member could not recall if they received training related to communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Apart from reporting to the designated supervisors or officials and designated State or local service agencies, ORJDD prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions" (p. 8).

Interviews

Random Sample of Staff – The interviewed random sample of staff reported that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.361 (d). The facility does not have onsite medical and mental health staff.

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

Interviews

PREA Compliance Manager – The interviewed PREA compliance manager reported that when the facility receives an allegation of sexual abuse call they will call the Child Abuse/Neglect Hotline. Following the call, the reporting staff is required to write a report and send info to JO/SC (or contact them via phone with information). It's the JO's and/or SC's that contact parent/guardian should they be able to do so. If the victim is under the guardianship of the child welfare system, the caseworker will coordinate that communication. The facility employees are advised to make every attempt to report within 24hrs; however, they have 72hrs as a safety net. If a juvenile court retains jurisdiction over the victim they are informed within 24 hours of any allegations of sexual abuse.

Superintendent or Designee - The interviewed Superintendent reported that if there is an allegation of sexual abuse or sexual harassment the allegation is reported to them and then she would report through the hotline number to be investigated. Missouri Children's Division will investigate for sexual harassment. We would notify probation or case worker so they could let parents and guardian know. This would occur immediately

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.361 (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. There were no identified allegations of sexual abuse or sexual harassment at the facility in the last 12 months.

Interviews

Superintendent or Designee - The interviewed Superintendent reported that if there is an allegation of sexual abuse or sexual harassment the allegation is reported to the hotline number and and investigated by the Missouri Children's Division.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy Interviews: 1. Agency head 2. Superintendent (Facility Director) 3. Random sample of staff - 11 Findings (By Provision): 115.362 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "When ORJDD staff learns that a youth is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the youth" (p. 98). In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0. <u>Interviews</u> Agency Head – The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, ORJDD would immediately remove the resident from the immediate danger/unsafe zone until less restrictive measures can be found. We would make sure that the resident/victim is not in contact with any perpetrator that the resident is at risk of imminent sexual abuse with. It is expected that staff will respond immediately. Superintendent or Designee – The interviewed Superintendent reported that when the learn that a a resident is at substantial risk of imminent sexual abuse, we will have a conversation with them to see what the dynamics are. Eliminating any opportunity to remove danger. Ex. We would separate until further action could be taken. We may have to change cells, monitor daily logs, etc. Check to see if there are other potential red flags. Do what we need to do in the immediate to make them feel safe. It is expected that staff will respond immediately. Random Sample of Staff – The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse they will separate the involved parties, monitor them, and keep a close eye. Such actions will be taken immediately. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy Interviews: 1. Agency head 2. Superintendent (Facility Director) Findings (By Provision): 115.363 (a). As reported in the PAQ the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager" (p. 9). The policy further states that "ORJDD residential facility manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse" (p. 8). In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.363 (b). As reported in the PAQ, agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Per the PAQ, there were zero allegations of sexual abuse received at the facility which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at facility during the reporting period. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager" (p. 9). A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.363 (c). As reported in the PAQ, the agency or facility documents that it would provide such notification within 72 hours of receiving the allegation. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0; therefore zero notifications were made. 115.363 (d). As reported in the PAQ, the agency or facility requires that all allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "If the allegations are involving sexual abuse that occurred while confined at another facility, the PREA compliance manager must notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72 hours from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager" (p. 9). In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0 <u>Interviews</u>

Agency Head – The interviewed agency head reported that the Superintendent (or Compliance Manager) shall notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately, but no later than 72hr from receipt of the allegation. Documentation of notification shall be maintained by the PREA Compliance Manager. Staff will hotline said alleged abuse to the Child Abuse and Neglect Hotline. The facility has not had any examples of such allegations that were reported from another facility or agency.

Superintendent or Designee - when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility, the facility will document allegations, hotline the allegation, and then notify the other facility director. There has not been an instance or allegation of such nature at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. First Responder Protocols for Sexual Abuse 4. Incident Report (blank) <u>Interviews:</u> 1. Random sample of staff/Security and non-security staff first responders - 11 Findings by Provision: 115.364 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. It was further reported in the PAQ that the policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ““ORJDD residential facility manuals shall include a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse” (p. 8). The facility has a first responder protocol outlining what actions to take if an allegation of sexual abuse is made. The auditor reviewed an incident report form that would be used to document an allegation. In the past 12 months, the number of allegations that a resident was sexually abused: 0 In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0 <u>Documentation Reviewed</u> • First Responder Protocols for Sexual Abuse • Incident Report (blank) A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. 115.364 (b). As reported in the PAQ the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. It should also be noted that all facility staff are considered first responders.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders – The interviewed random sample of staff reported that if they are the first person to be alerted that a resident has alleged to be the victim of sexual abuse the following actions will be taken: calm resident, make sure that nothing is contaminated, secure the scene, talk to the resident privately, notify the supervisors, and hotline the report. When asked who they would not share the information with it ranged from other staff and residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Incident Report Form (blank) 3. Sexual Abuse Incident Report Review 4. ORJDD Coordinated Response to Reports to Sexual Abuse Interviews: 1. Superintendent (Facility Director) Findings (By Provision): 115.365 (a). As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Policy: The ORJDD Coordinated Response to Reports to Sexual Abuse provides guidance on the written institutional plan. The Coordinated Response informs the following staff on their responsibilities: First Responder, Immediate Supervisor, Facility Superintendent, and the Facility PREA Compliance Manager. In the event of an incident staff are expected to complete an Incident Report Form. <u>Documentation Reviewed</u> • Incident Report Form (blank) • Sexual Abuse Incident Report Review • ORJDD Coordinated Response to Reports to Sexual Abuse <u>Interviews</u> Superintendent or Designee – The interviewed Superintendent reported that the facilities coordinate response is that initially direct care staff they are going to ensure safety with the victim, separate involved parties, make sure that they are not tampering with the evidence (no shower, change of clothes, leave site in tac), they will notify me and I will contact the local PD office and making a hotline call. Contract with the CAC and they would be involved as well, they would take care of the forensic. We would offer the follow up for emotional supportive services. We also allow the residents the opportunity to have a community victim advocate to offer support services. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. DYS Contract Interviews: 1. Agency head Findings (By Provision): 115.366 (a). As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The facility serves as the contracted entity for DYS. <u>Documentation Reviewed</u> • DYS Contract <u>Interviews</u> Agency Head – The interviewed agency head reported that the agency, or any governmental entity is not responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. 115.366 (b). Auditor is not required to audit this provision. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Employee Corrective Action and/or Conclusion (Review of Employee Inadequacies Performance Evaluation) Interviews: 1. Agency head 2. Superintendent (Facility Director) 3. Designated staff member charged with monitoring retaliation - 3 Findings (By Provision): 115.367 (a). As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. In addition, the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that: ORJDD provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level ORJDD provides protection of youth against retaliation (p. 9). A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.367 (b). The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment. <u>Interviews</u> Agency Head – The interviewed agency head reported that they will protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. ORJDD has the ability to house residents in different Dayrooms and rotate youth separately. Conduct will be monitored, reassignments of employee's involved will be amended, periodic status checks with youth, log review, etc. ORJDD should also consistently offer emotional support through "seeing a counselor" or obtaining extra support form a Community Victim Advocate. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the resident and/or employee should be monitored, and quick action should be administered to remedy any type of retaliation. Superintendent or Designee – The interviewed Superintendent reported that the different measures that will be taken to protect a resident include conducting extra monitoring, separation, verify to see if we need to relocate in house to a safer zone. We will monitor on a daily basis through the monitor logbook, surveillance, and daily interactions with youth to make sure they feel safe. Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) – The interviewed staff charged with monitoring for retaliation reported that their role in preventing retaliation against residents and staff who reported sexual abuse or sexual harassment, or against those who cooperated with sexual abuse or sexual harassment investigations by keeping victim and predator separate, and let the kids know of the supportive services available. The different measures taken include to rotate residents separately from accused. Have them on non-contact. When asked do you initiate contact with residents who reported sexual abuse it was reported that we would make contact and check in at least once a shift. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – There were no residents in isolation

Residents who Reported a Sexual Abuse – There were no residents who reported sexual abuse at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.367 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. It was further reported that the agency/facility acts promptly to remedy any such retaliation; and the agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. As reported in the PAQ, there were zero instances where the facility had to monitor for retaliation.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “for 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, cottage or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation” (p. 9). The policy further states that prompt action shall be taken to remedy any such retaliation.

ORJDD’s obligation to monitor shall terminate if ORJDD determines that the allegation is unfounded (pp. 8-9).

Interviews

Superintendent or Designee - The interviewed Superintendent reported that when retaliation is suspected we would do a critical incident review form, where we could document it. We would document any signs or red flags and if staff involved, and we would arrange for a different staffing plan; depending on the situation the staff is subject to being terminated. If just alleged, we will adjust the staffing plan so that we could better monitor. If another resident is involved, we would separate involved parties and minimize any contact they may have, Increase monitoring of daily interactions, logs, and separate until we can find another remedy for the situation.

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - The interviewed staff charged with monitoring for retaliation reported that when looking for possible retaliation, we will look for changes in body language, behaviors of anyone involved, but also others in case perpetrator tries to get someone else to do or say something. Watch for small groups off to the side whispering (when not on rotations). We will monitor shift Highlights, Logbook, any Incident Reports and any change in behaviors or body language. It was further reported that monitoring would occur as long as one or both are here at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.367 (d). In the case of residents, such monitoring shall also include periodic status checks.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) -- The interviewed staff charged with monitoring for retaliation reported that when looking for possible retaliation, we will look for changes in body language, behaviors of anyone involved, but also others in case perpetrator tries to get someone else to do or say something. Watch for small groups off to the side whispering (when not on rotations). We will monitor shift Highlights, Logbook, any Incident Reports and any change in behaviors or body language.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Documentation Reviewed

- Documentation of any protective measures taken

Interviews

Agency Head – The interviewed agency head reported that ORJDD will take appropriate measures to protect that individual against retaliation.

Superintendent - The interviewed Superintendent reported that they would monitor for retaliation. Depending on the circumstances; we would remove the youth from the source (staff or other resident). We would create a no contact separation

plan. Plan with staff on being more vigilant on any actions that appear more retaliatory. Monitor for bullying or abnormal actions. Monitor to take any additional steps to monitor for safety. If staff are involved then I would call higher level and they would be removed from the facility. We would ensure to protect the youth. We could look at transferring a youth to another facility. We would not want to move the victim as it appears to be a consequence. Resident related we would look to see what measures were taken and how they could be improved to reduce any retaliation. We could potentially move the offending youth to another facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.367 (f). The auditor is not required to audit this provision.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy Interviews: 1. Superintendent (Facility Director) Findings (By Provision): 115.368 (a). As reported in the PAQ, the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. It was further reported that the facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. The facility Superintendent reported that they do not use isolation. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply" (p. 7). The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures further states that "When a youth must remain in their cell for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343 and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply. All youth kept separate to reduce the risk of victimization shall have access to legally required educational programming, special education services, and daily large-muscle exercise (pp.94-95). The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0 From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the residents safety, and • The reason or reasons why alternative means of separation cannot be arranged: 0 <u>Interviews</u> Superintendent or Designee – The interviewed Superintendent reported that the facility does not use isolation. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Conclusion: The facility shall update policy to ensure language reflective of the standard applies. Updates were made there is no further action.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Memo: Missouri Department of Social Services (dated February 16, 2022) Interviews: 1. Superintendent (Facility Director) 2. PREA coordinator 3. PREA compliance manager 4. Investigative Staff Findings (By Provision): 115.71 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. The PAQ further reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that The ORJDD shall refer all allegations of sexual abuse and sexual harassment to the appropriate investigative agencies based upon the victim's age. ORJDD has conveyed the PREA requirements to appropriate external investigating agencies. When outside agencies investigate sexual abuse and sexual harassment, ORJDD shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (p. 9). A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services". As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0. <u>Documentation Reviewed</u> • Memo: Missouri Department of Social Services (dated February 16, 2022) <u>Interviews</u> Investigative Staff: The interviewed outside agency investigative staff reported that the upon the allegation being reported the investigators have a three-hour emergency and a 24-hour response time to investigation an allegation of sexual abuse. The sexual harassment allegations are handled the same as any other report. Children's Division will still accept the reports through the hotline and OHI will respond to the calls. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.371 (b). Per the PAQ, the facility reported having zero staff who are trained investigators. <u>Interviews</u> Investigative Staff: The interviewed outside agency investigative staff reported that the agency investigators do not receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings; however, the agency has other sexual abuse investigation trainings that are helpful in investigating sexual abuse. OHI investigators have

to have a minimum of 20 hours of 210 training per year. We receive trainings specific to child abuse and sexual abuse several times per year and they are sent out to investigators to attend if they haven't had the specific training yet. Also, they attend Stat Team trainings for sexual abuse when they are offered, and investigators are able to attend. We send investigators to Child First Trainings yearly where they are trained on investigating sexual abuse.

Our Training Unit is in the process of developing a means for our investigators to receive credit for the PREA Training, but we do not have that ability yet. Once we are able to get credit the investigators will attend the Specialized. The training topics include:

1. We have had trainings on interviewing juvenile perpetrators in the past.
2. OHI does not Mirandize the alleged perpetrators and that is done by law enforcement. We co-investigate with law enforcement.
3. Evidence collection is covered in most STAT Team Trainings and in the Child First Trainings.
4. The criteria to substantiate would also be covered in the STAT Team Trainings and Child First Trainings. Children's Division legal aspects training is a mandatory training for investigators and also covers criteria to substantiate.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (c). The facility does not conduct administrative or criminal investigations.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the first step in initiating an investigation would be to gather preliminary information. We would check prior reports and view any victim or witness statements to identify people who we should talk to next and what our next steps should be. The investigation process is done by gathering evidence, interviewing anyone who may have had knowledge of the incident or who may have been involved with the incident. Such as the victim, the alleged perp, witnesses, and anyone else who may have been involved. This is all done through a co-investigation with law enforcement. Who would handle direct or circumstantial evidence is done on a case by case of course. Video footage would be gathered, any statements from anyone involved or that was a witness. Phone calls that were monitored as well as any hand written materials or letters. DNA could be a possibility in some cases if the abuse occurred shortly before it was reported.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (d). As reported in the PAQ the facility does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "when outside agencies investigate sexual abuse and sexual harassment, ORJDD shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (p. 9).

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the investigation is not terminated if the source of the allegation recants his/her allegation. We would continue our investigation into the allegations. There are many reasons that a child may recant which we are well aware of and will still investigate as normal if this occurred.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (e). The facility does not conduct administrative or criminal investigations.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that when the investigator discovers evidence that a prosecutable crime have taken place we co-investigated with law enforcement so we could have a meeting with the prosecutor about the case prior to but normally we would gather evidence prior to a meeting with the prosecutor unless there is a reason to meet beforehand such as a conflict or an issue we think may impede our investigation. The prosecutor can be spoken with at any time though throughout our process that we feel it is warranted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (f). The facility does not conduct administrative or criminal investigations. There were no residents at the facility who reported sexual abuse.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the credibility of al alleged victim, suspect, or witness is done using an unbiased approach.

We would weigh the credibility of the victim, suspect, and witnesses based on other evidence that we gather throughout our investigation. If there is reason to believe that the credibility of anyone that we interview is in question we can always go back for additional interviews or to gather additional evidence to determine the weight, we should in which we should allow that person's statement to hold. We would not ask a victim to submit to a polygraph for any reason. We would determine if additional interviews are needed based on the victim's credibility. We would also determine our finding based on the same.

115.371 (g). The facility does not conduct administrative or criminal investigations.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that the efforts that would be made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include the Children's Division OHI investigate as normal if staff were involved. We would still conduct our interviews and gather evidence as in any other investigation and still make a finding whether we feel that staff member committed abuse or failed to act in some way. Yes, we would document all evidence just as any other investigation. We would always include statement of witnesses, victims, and the alleged perpetrators. We would also document any other evidence we gathered throughout out case. We would also want a complete and thorough investigation into the circumstances that were alleged to have occurred.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (h). The facility does not conduct administrative or criminal investigations.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that all of the facts are documented and recorded in a narrative form. All evidence is gathered, collected, and kept formulating our report. Physical evidence that must be stored and processed is kept by law enforcement. Children's Division is limited to keeping our narrative on the situation and photos. Law enforcement would be responsible for submitting a probable cause to the prosecuting attorney if needed in these investigations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (i). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that we co-investigate with law enforcement so our partners in law enforcement would refer the case over for prosecution. We can assist in any way by going to court to testify or other means but we do not actually write up the probable cause statement and submit to the prosecutor. We would give a copy of our report to the prosecutor if it was a substantiated case.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (j). As reported in the PAQ the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy: The current policy did not have language addressing this provision; however during the audit phase, the facility updated policy (The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy) states that, to state "ORJDD shall retain all written reports (for criminal and administrative investigations in regards to sexual abuse or sexual harassment) for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years, unless the abuse was committed by a juvenile resident applicable law requires a shorter period of retention" (p. 10).

Interviews

Investigative Staff: The interviewed outside agency investigative staff reported that Children's Division does not have the ability to stop an investigation prior to completion for any reason if it rises to the level of abuse or neglect. We would carry out our duties and would conduct the investigation as normal if the person terminated employment with the facility. If the victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation, Children's Division would continue with the investigation and would still conduct just as the child was still in the facility. This would not impede our investigation in anyway.

115.371 (k). The facility does not conduct administrative or criminal investigations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.371 (l). 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.

115.371 (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.

Interviews

Superintendent or Designee – The interviewed Superintendent reported that if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation by calling them to get verbal updates. Upon the conclusion of the investigation, we will get information on the findings of the allegation.

PREA Coordinator – The interviewed PREA Coordinator reported that when an outside investigates allegations of sexual abuse, we have increased communication with OHI (Missouri Children's Division); ALL Hotlines are reported and then referred to Missouri Children's Division for investigation. ORJDD receives written notification on whether the investigation was deemed "Substantiated vs. Unsubstantiated". We also have ability to contact via phone for status update after the Hotline has been reported.

PREA Compliance Manager - The interviewed PREA compliance manager reported that Missouri Children's Division (OHI) is our investigation agency; this is who investigates hotlines we make. They will send us written documentation of whether or not the investigation was Substantiated vs. Unsubstantiated. We aspire to remain informed about the progress of an investigation as long as the youth is in our care.

Investigative Staff: The interviewed outside agency investigative staff reported that when another agency is involved in the investigation, we would have open communication between the facility and outside parties. We would share information if this was a law enforcement agency. We would assist in setting up interviews and coordinate between the facility and the outside agency to assist in any way possible. Children's Division does have to maintain confidentiality throughout our investigation but if the agency has a legal reason for our reports and findings then we would assist in anyway possible.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

The current policy did not have language addressing provision 115.371 (j); however, during the audit phase, the facility updated policy. There is no further action needed, the facility is in compliance with the standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District Manual of Policies and Procedures 3. Memo: Missouri Department of Social Services (dated February 16, 2022) Interviews 1. Investigative Staff Findings (By Provision): 115.372 (a). The facility reported in the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Policy: The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "The detention center imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment that is substantiated by the Mountain Grove Police Department, Missouri State Highway Patrol or S.T.A.T Team" (p. 99). A memo dated February 16, 2022, written by the Missouri Department of Social Services states that "Missouri Division of Youth Services (DYS) Contracted Detention Centers do not conduct their own investigations of sexual abuse and harassment. These are referred to the Missouri Children's Division Out of Home Investigation (OHI) Unit (CD-OHI). CD-OHI contacts appropriate local law enforcement to co-investigate and arranges for the necessary SAFE/SANE exams and victim advocacy services". <u>Documentation Reviewed</u> • Memo: Missouri Department of Social Services (dated February 16, 2022) <u>Interviews</u> Investigative Staff: The interviewed outside agency investigative staff reported that the Children's Division OHI's standard of evidence is preponderance of evidence. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Post Investigation Resident Notification Form Interviews: 1. Superintendent (Facility Director) Findings (By Provision): 115.373 (a). As reported in the PAQ, the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Following an investigation into a youth's allegation of sexual abuse, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded" (pp. 10-11). The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation. <u>Documentation Reviewed</u> • Post Investigation Resident Notification Form <u>Interviews</u> Superintendent or Designee – The interviewed Superintendent reported that the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. If the resident is already gone from the facility, then we will notify that caseworker or probation officer. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.373 (b). As reported in the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Following an investigation into a youth's allegation of sexual abuse, the PREA Compliance Manager shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded" (pp. 10-11). The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0 A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.373 (c). The facility reported in the PAQ that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "following a youth's allegation that an employee member has committed sexual abuse against the youth, the PREA Compliance Manager shall subsequently inform the youth verbally or in writing (unless ORJDD has determined that the allegation is unfounded) whenever:

1. The employee is no longer assigned to the youth's treatment team;
2. The employee is no longer employed at the facility;
3. ORJDD learns that the employee has been charged with a law violation related to a sexual abuse incident within the facility; or
4. ORJDD learns that the employee has been convicted of a law violation related to a sexual abuse incident within the facility" (p. 10).

There has been zero substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.

Documentation Reviewed

- Post Investigation Resident Notification Form

115.373 (d). The facility reported in the PAQ that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Following a youth's allegation that he or she has been sexually abused by another youth, the PREA Compliance Manager shall subsequently inform verbally or in writing the alleged victim whenever:

- ORJDD learns that a petition has been filed against the alleged abuser or the alleged abuser has been charged with a law violation related to a sexual abuse incident within the facility; or
- ORJDD learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility (p.10)

Documentation Reviewed

- Post Investigation Resident Notification Form

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented. The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "the PREA Compliance Manager will ensure all notifications or attempted notifications shall be documented and maintained for auditing purposes" (p. 10).

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

While the facility did not have any allegations of sexual abuse in the last 12 months; the facility has a form (Post Investigation Resident Notification Form) that would be used to notify the victim of the results of the investigation.

Documentation Reviewed

- Post Investigation Resident Notification Form

115.373 (f). The auditor is not required to audit this provision.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Sample Performance Evaluation (Disciplinary Sanction Form) 4. Employee Corrective Action Findings (By Provision): 115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies" (p. 10) A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.376 (b). The facility reported in the PAQ that there was zero staff that violated the agency's sexual abuse or sexual harassment policies in the past 12 months. Additionally in the past 12 months there have been zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. 115.376 (c). According to the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ORJDD employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Corrective Action for contractors and volunteers. a. ORJDD shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer. b. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (pp. 10-11). The facility has a Performance Evaluation (Disciplinary Sanction Form) and Employee Corrective Action to document any employee disciplinary measures taken. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): <u>Documentation Reviewed</u> • Sample Performance Evaluation (Disciplinary Sanction Form) • Employee Corrective Action Form 115.376 (d). According to the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ORJDD employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment

policies (p. 10). The policy did not have language around "staff who would be terminated if not for their resignation, are reported to law enforcement agencies". During the post audit phase, the policy was updated to state "all terminations for violations of 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" (p. 11).

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Corrective Action and Conclusion:

The policy did not have language around "staff who would be terminated if not for their resignation, are reported to law enforcement agencies". During the post audit phase, the policy was updated. There is not further action needed, the facility is compliant with the standard.

The following evidence was analyzed in making compliance determination:

Documents:

1. Pre-Audit Questionnaire (PAQ)
2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy

Interviews:

1. Superintendent (Facility Director)

Findings (By Provision):

115.377 (a). As reported in the PAQ, the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that Corrective Action for contractors and volunteers.

- ORJDD shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer.
- Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (pp. 10-11).

In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.

Documentation Reviewed

- Additional sample documentation of notifications.

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

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that Corrective Action for contractors and volunteers.

- ORJDD shall take appropriate remedial measures and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or volunteer.
- Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (pp. 10-11).

Interviews

Superintendent or Designee – The interviewed Superintendent reported that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer we would not allow them to have contact. We don't have any contractors that have contact with the residents. However, if there is a suspension that something is occurring, we are going to modify have that contractor or volunteer is here. We will monitor and conduct any follow up. The allegation would be hot lined for investigation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Ozarks Regional Juvenile Detention District Manual of Policies and Procedures Interviews: 1. Superintendent (Facility Director) Findings (By Provision): 115.378 (a). As reported in the PAQ, residents are 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; and residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Residents are 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. Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct" (p. 11). The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "Discipline and/or additional delinquency or criminal charges for the alleged perpetrator may occur pending the result of the internal investigation" (p. 102). In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.378 (b). Per the PAQ, In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation do not receive daily visits from a medical or mental health care clinician. It was also reported in the PAQ that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, minimal standards for conditions in accordance with PREA Standards 115.342 and 115.378, RSMo 211.343, and the Missouri Supreme Court Rules and Standards for the Operation of Juvenile Detention Facilities shall apply" (p. 7). In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Interviews

Superintendent or Designee – The interviewed Superintendent reported that disciplinary sanctions on residents subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would be handled through the current level system. They will still have the required programming, however some of the incentives may be removed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.378 (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.

Interviews

Superintendent or Designee – The interviewed Superintendent reported that disciplinary sanctions on residents subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would be handled through the current level system. They will still have the required programming, however some of the incentives may be removed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.378 (d). As reported in the PAQ, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It was further reported that if the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. Medical and mental health services are provided offsite.

115.378 (e). As reported in the PAQ, the facility does not discipline resident for sexual contact with staff only upon finding that the staff member did not, consent to such contact.

115.378 (f). As reported in the PAQ, the facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Residents are 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. Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct" (p. 11). The Ozarks Regional Juvenile Detention District Manual of Policies and Procedures states that "Discipline and/or additional delinquency or criminal charges for the alleged perpetrator may occur pending the result of the internal investigation" (p. 102).

115.378 (g). As reported in the PAQ, that facility prohibits sexual activity between residents. In addition, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. During the onsite audit phase, it was determined that the facility did not have policy language to address the provision. The policy was updated during the post audit phase.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy now states that "residents are subjected to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address the correct underling reasons for the conduct. The policy further states that ORJDD prohibits any and all types of sexual activity between residents and may discipline residents for such activity. ORJDD deems such activity to constitute sexual abuse if it determines that the activity is coerced" (p. 11).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action and Conclusion:

During the onsite audit phase, it was determined that the facility did not have policy language to address the provision. The policy was updated during the post audit phase. There is no further action needed.

--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Medical/Mental Health Screening Form -25 4. Resident Handbook 5. MAYSI -2 Questionnaire -25 6. SAVAAC Sexual Assault/Victim Assailant Checklist-25 Interviews: 1. Staff responsible for Risk Screening - 3 Findings (By Provision): 115.381 (a). As reported in the PAQ, residents at the facility who disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health practitioner. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy provides guides on the follow up with medical and mental health services. Medical and Mental Health Screenings; history of sexual abuse. • If the screening completed indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, ORJDD employees shall ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. • If the screening completed indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, ORJDD employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. • Any information related to sexual victimization or abusiveness that occurred in a residential setting shall be strictly limited to medical and mental health practitioners and other employees, as necessary, to inform treatment plans and safety decisions, or as otherwise required by Federal, State, or local law. • Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18 (p. 11). In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%. Immediately upon the conclusion of completing the intake forms, the residents complete the medical/mental health screening. The medical/mental health screening provides opportunity for the residents to request follow up services with mental health or medical. In addition, the resident handbook states that the residents at any time can seek additional supportive services. <u>Documentation Reviewed</u> • Medical/Mental Health Screening Form -25 • Resident Handbook • MAYSI -2 Questionnaire -25 • SAVAC Sexual Assault/Victim Assailant Checklist -25 <u>Interviews</u> Residents who Disclose Sexual Victimization at Risk Screening -There were no residents onsite who disclosed a prior history of sexual victimization. Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, we offer a follow-up meeting with a medical and/or medical health practitioner. They sign a form that they have been informed

that they can request medical or mental health services during Intake. If they make a request, we plan for the service. This is done on the Medical and Mental Health Screening Form. Whenever the youth informs us and when we are able to get an appointment within 14 days. We make Hotlines to the Child Abuse Hotline within 24hr if a resident share they have been abused.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.381 (b). Per the PAQ, all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "If the screening completed indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, ORJDD employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening" (p. 11).

In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100. Immediately upon the conclusion of completing the intake forms, the residents complete the medical/mental health screening. The medical/mental health screening provides opportunity for the residents to request follow up services with mental health or medical. In addition, the resident handbook states that the residents at any time can seek additional supportive services.

Documentation Reviewed

- Medical/Mental Health Screening Form -25
- Resident Handbook

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident previously perpetrated sexual abuse, do you offer a follow-up meeting with a mental health practitioner. Our handbook offers a counselor, and they can request to see a doctor. The information about the service is offered during Intake.

115.381 (c). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. It was further reported that the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

115.381 (d). As reported in the PAQ, medical and mental health practitioners do not 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 facility does not have onsite medical and mental health staff.

Corrective Action:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: Pre-Audit Questionnaire (PAQ) 1. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 2. Sample of Medical Care Services Contract 3. MOA: Child Advocacy Center Findings (By Provision): 115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. It was further reported that there were no instances that occurred in the last 12 months. If such services are needed the facility has a letter (Sample of Medical Care Service) that is sent to the local provider to access and receive necessary medical services. In addition, the facility has an MOA with the Child Advocacy Center which provides forensic medical and crisis intervention Services <u>Documentation Reviewed</u> • Sample of Medical Care Services • MOA: Child Advocacy Center A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.382 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the site supervisor” (p. 11). A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility does not have onsite medical and mental health services. Such services would be contracted out or provided by community-based partners. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis” (p. 11). 115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the

abuser or cooperates with any investigation arising out of the incident (p. 11).

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy Findings (By Provision): 115.383 (a). As reported in the PAQ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards” (p. 12). A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 185.383 (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. 115.383 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care. Medical and mental health care services are provided by an offsite vendor. 115.383 (d). As reported in the PAQ, female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis” (p. 11). A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.383 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that: Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis. The scope and nature of emergency services shall be determined by medical and mental health practitioners. If no qualified medical or mental health practitioner is available at the time that the report of abuse is made, staff first responders shall take preliminary steps to protect the victim as outlined in the facility manual and immediately notify the appropriate medical and mental health practitioners and the site supervisor. Treatment services will be provided to all victims of abuse regardless of the victim's willingness to name the abuser or cooperate in any subsequent investigation. Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 11). 115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 115.383 (g). As reported in the PAQ, treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident" (p. 11).

115.383 (h). As reported in the PAQ, the facility, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards" (p. 12).

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. Sexual Abuse Incident Review (blank) Interviews: 1. Superintendent (Facility Director) 2. PREA compliance manager 3. Incident review team - 2 Findings (By Provision): 115.386 (a). As reported in the PAQ, the facility, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using acritical incident review form, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation by the review team" (p. 12). In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0 115.386 (b). As reported in the PAQ, there were zero criminal and/or administrative investigations of alleged sexual abuse completed; and zero cases where a sexual abuse incident review occurred within 30 days. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "At the conclusion of a sexual abuse investigation, the PREA Compliance Manager shall ensure a review is conducted using acritical incident review form, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation by the review team" (p. 12). In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0 115.386 (c). As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The Sexual Abuse Incident Report provides a list of staff who would participate in the meeting. The list includes: Chief JO, Superintendent, PREA Onsite Coordinator, Assistant Superintendent, Shift Supervisor, PD Investigator, HP Investigator, STAT Investigator, Medical Personnel, and Mental Health Personnel. <u>Documentation Reviewed</u> • Sexual Abuse Incident Report (blank) <u>Interviews</u> Superintendent or Designee – The interviewed Superintendent reported that the incident review team includes the Superintendent, facility compliance manager, and two other shift supervisors. 115.386 (d). The facility reported in the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. The facility provided a document that would be used to document the incident reports (Sexual Abuse Incident Report). Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that:

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 utilizing a critical incident review form.
7. Implement the recommendations for improvement, or shall document its reasons for not doing so.

Documentation Reviewed

- Sexual Abuse Incident Report (blank)

Interviews

Superintendent or Designee – The interviewed Superintendent reported that the team will use the information from the incident review as an opportunity to see if we need to make changes to policy and procedures, monitor camera location, staffing plans, ex. Do we need to make adjustments to the cameras, blind spots, etc. In addition the review team:

- a. Consider whether the incident or allegations was motivated by race, ethnicity; gender identity, lesbian, gay, bisexual transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics at the facility? (Clarify that by “transgender,” you mean people whose gender identity and/or gender expression does not match the sex and/or gender they were assigned at birth; by “intersex” you mean: an individual born with external genitalia, internal reproductive organs, chromosome patterns, and /or endocrine systems that do not seem to fit typical definitions of male or female; and by “gender non-conforming,” you mean; individuals who express their gender in a manner that breaks societal norms for one’s gender (e.g., someone who identifies as a girl/woman but wears clothing typically assigned to boys/men).)
- b. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- c. Assesses the adequacy of staffing levels in that area during different shifts
- d. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

PREA Compliance Manager – The interviewed PREA compliance manager reported that As issues are identified our facility will take corrective action. We will continue to look for problem areas and makes changes accordingly and promptly. We will complete an Annual Report of the Findings and Corrective Actions. The report would include a comparison from prior years and provide an assessment of our progress in addressing sexual abuse. The report would be approved by the Judge (Appointing Authority) and placed on our Website. Same as above; If we redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility. We will indicate the nature of the material redacted. the PREA Coordinator and I collaborate together and review reports. However, to date ORJDD has not had to do any of these said reports due to a history of no incidents.

Incident Review Team – The interviewed staff on the incident review team reported that the facility considers 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 was motivated or otherwise caused by other group dynamics at the facility. This process is done to protect the more vulnerable and to process if there is a need for added safety and/or separation from certain residents. To change our policy or practices to prevent sexual abuse.

It was further reported that the facility has not had any incidents in our facility. However, we would examine the area to make sure there isn't, and if there is then we would make the changes needed. Staff are trained on PREA and what to do if any incident was to occur. We try to make sure we always have 3 staff on shifts. The process is done to gauge whether we need to direct staff in areas of concern and/or increase the amount of staff monitoring the area. The facility currently has a video monitoring system that monitors everywhere except for the showers and toilet areas in the cells. Since we have camera's in our facility we will decide if we need to add camera's or readjust a camera in order to maintain better supervision

for the safety of youth.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.386 (e). The facility reported in the PAQ, that the facility does not implement the recommendations for improvement or documents its reasons for not doing so. The facility provided a document that would be used to report findings of implementation (Sexual Abuse Incident Report).

Documentation Reviewed

- Sexual Abuse Incident Report (blank)

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.387	Data collection
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. PREA Definitions 4. OSCA-PREA Data Collection Instrument 5. OSCA-PREA Data Annual Report-2021 Findings (By Provision): 115.387 (a). As reported in the PAQ, the facility, reviewed data collected and aggregated under its direct control to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking Corrective Action on an ongoing basis. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that Data collection, review for corrective action, storage, publication, and destruction. ORJDD shall collect and aggregate incident-based sexual abuse data at least annually. ORJDD shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking Corrective Action as necessary. ORJDD will prepare an annual report of its findings and corrective actions. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the ORJDD's progress in addressing sexual abuse. ORJDD's report shall be approved by director and made readily available to the public through its website or, if it does not have one, through other means. ORJDD may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. ORJDD shall ensure that data collected are securely retained. ORJDD shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually. ORJDD shall maintain sexual abuse data for at least 10 years after the date of its initial collection (pp. 12-13). The auditor reviewed OSCA-PREA Data Collection Instrument for the 2021 report. The report contains aggregate facility information, youth and youth incidents, and staff incidents. <u>Documentation Reviewed</u> OSCA-PREA Data Collection Instrument 115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually. The auditor reviewed OSCA-PREA Data Collection Instrument for the 2021 report. The report contains aggregate facility information, youth and youth incidents, and staff incidents. <u>Documents Reviewed</u> OSCA-PREA Data Collection Instrument 115.387 (c). As reported in the PAQ the facility uses a standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The auditor reviewed OSCA-PREA Data Collection Instrument for the 2021 report. The report contains aggregate facility

information, youth and youth incidents, and staff incidents.

Documentation Reviewed

- OSCA-PREA Data Annual Report-2021

115.387 (d). As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f.).

115.387 (f). N/A-As reported in the PAQ, the agency has not had to provide the Department of Justice (DOJ) with data from the previous calendar year.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy 3. OSCA-PREA Data Annual Report-2021 Interviews: 1. Agency head 2. PREA coordinator 3. PREA compliance manager Findings (By Provision): 115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: • Identified problem areas; • Taking Corrective Action and/or Conclusion on an ongoing basis; and • Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as the agency as a whole. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that Data collection, review for corrective action, storage, publication, and destruction. ORJDD shall collect and aggregate incident-based sexual abuse data at least annually. ORJDD shall review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking Corrective Action and/or Conclusion as necessary. ORJDD will prepare an annual report of its findings and corrective actions. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the ORJDD's progress in addressing sexual abuse. ORJDD's report shall be approved by director and made readily available to the public through its website or, if it does not have one, through other means. ORJDD may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. ORJDD shall ensure that data collected are securely retained. ORJDD shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually. ORJDD shall maintain sexual abuse data for at least 10 years after the date of its initial collection (pp. 12-13). <u>Documentation Reviewed</u> • OSCA-PREA Data Annual Report-2021 <u>Interviews</u> Agency Head – The interviewed agency head reported that ORJDD will take all incident reports/data and see if there are any

areas that need changes to help correct and/or improve sexual abuse prevention on an ongoing basis.

PREA Coordinator – The agency PREA Coordinator reported that:

If issues are identified our facility strives to correct upon discovery in a prompt manner. At the conclusion of a sexual abuse investigation, the PREA Compliance Manager should ensure a review is conducted using a Critical Incident Report, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation by 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

Consider whether the incident/allegation was motivated by race, gender identity, lesbian, gay bisexual, transgender, or intersex identification, status or perceived status, gang affiliation

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

Assess the adequacy of staffing levels in that area during different shifts

Assess whether monitoring technology should be deployed or shifted around to supplement supervision by staff

Prepare a report of its findings utilizing a Critical Incident Review Form

Implement the recommendation for improvement or shall document its reasons for not doing so.

How does the agency ensure that data collected pursuant to § 115.387 are securely retained?

ORJDD should ensure that data collected is securely retained; data should be approved and retained by Superintendent. ALL sexual abuse data should be collected at least annually. ORJDD should maintain sexual abuse data for at least 10 years after the date of its initial collection.

Does the agency take Corrective Action and/or Conclusion on an ongoing basis based on this data?

ORJDD should review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include identifying problem areas and taking Corrective Action and/or Conclusion as necessary. It was further reported that an Annual Report is conducted of particular findings and corrective actions. The report should include a comparison of the current year's data/corrective actions with those from prior years and provides progress in addressing sexual abuse. The report is approved by Director and Appointing Authority (Judge) and then placed on the ORJDD Website.

PREA Compliance Manager – The interviewed PREA Compliance Manager reported that data is reviewed and submitted to the appointing authority (Judge)

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.388 (b). As reported in the PAQ, the annual report indicates a comparison of the current year's data and corrective actions to those from prior years.

Documentation Reviewed

- OSCA-PREA Data Annual Report-2021

115.388 (c). As reported in the PAQ, the agency makes its annual report readily available to the public, at least annually, through its website. The agency PREA reports are found at: Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t | Missouri Department of Social Services (mo.gov)

Interviews

Agency Head: The interviewed agency head reported that ORJDD will take all incident reports/data and see if there are any areas that need changes to help correct and/or improve sexual abuse prevention on an ongoing basis.

115.388 (d). As reported in the PAQ, the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. In addition, the agency indicates the nature of material redacted.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD may redact specific

material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted" (p. 12).

Documentation Reviewed

- OSCA-PREA Data Annual Report-2021

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that If we redact specific material from the report it is when publication would present a clear and specific threat to the safety and security of the facility. We would indicate the nature of what was redacted.

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making compliance determination: Documents: 1. Pre-Audit Questionnaire (PAQ) 2. Policy: Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy Interviews: 1. PREA coordinator Findings (By Provision): 115.389 (a). The facility reported in the PAQ that incident-based and aggregate data is securely retained. Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall ensure that data collected are securely retained. ORJDD shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually. ORJDD shall maintain sexual abuse data for at least 10 years after the date of its initial collection (pp. 12-13). <u>Interviews</u> PREA Coordinator – The interviewed PREA Coordinator reported that: If issues are identified our facility strives to correct upon discovery in a prompt manner. At the conclusion of a sexual abuse investigation, the PREA Compliance Manager should ensure a review is conducted using a Critical Incident Report, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation by 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 Consider whether the incident/allegation was motivated by race, gender identity, lesbian, gay bisexual, transgender, or intersex identification, status or perceived status, gang affiliation Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse Assess the adequacy of staffing levels in that area during different shifts Assess whether monitoring technology should be deployed or shifted around to supplement supervision by staff Prepare a report of its findings utilizing a Critical Incident Review Form Implement the recommendation for improvement, or shall document its reasons for not doing so. ORJDD should ensure that data collected is securely retained; data should be approved and retained by Superintendent. ALL sexual abuse data should be collected at least annually. ORJDD should maintain sexual abuse data for at least 10 years after the date of its initial collection. 115.389 (b). As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. Policy: ORJDD shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually (pp. 12-13). <u>Documentation Reviewed</u> Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t Missouri Department of Social Services (mo.gov)

115.389 (c). As reported in the PAQ, the facility shall remove all personal identifiers before making aggregate sexual abuse data public.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that ORJDD may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted" (p. 13).

Documentation Reviewed

Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t | Missouri Department of Social Services (mo.gov)

115.389 (d). As reported in the PAQ, the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Policy: The Ozarks Regional Juvenile Detention District (ORJDD) PREA Policy states that "ORJDD shall maintain sexual abuse data for at least 10 years after the date of its initial collection" (pp. 12-13).

Documentation Reviewed

Division of Youth Services Prison Rape Elimination Act Compliance Annual Reports t | Missouri Department of Social Services (mo.gov)

Conclusion:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. DYS Contract Findings (By Provision): 115.401 (a). The audited facility serves as a contracted site for the state juvenile justice agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years. 115.401 (b). As reported by the PREA coordinator, the facility is the only facility operated by the governing agency; however, serves as a subcontractor to hold juvenile residents from the state agency. 115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the director. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision. 115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to: employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision. 115.401 (m). The auditor was provided a private room to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19. A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. 115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Documents: 1. State Agency website: http://dss.mo.gov/reports/prison-rape-elimination-act-reports/ Findings (By Provision): 115.403 (f). The audited facility serves as a contracted site for the state juvenile justice agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years. Conclusion: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes